



SC BUDGET AND CONTROL BOARD

FY 2011-12

AGENCY

OTHER FUNDS

SURVEY

By Revenue Object Codes & Subfunds

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Stephen T. Draffin A15 REVObj
Contact Phone Number: (803) 212-4500
Contact E-mail Address: stevedraffin@scstatehouse.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	A15	SC Legis Council	3035	print code supplement	7404	royalties	Section 2-11-80	production of annual Code supplements	production of annual Code supplements	Proviso 70.12	authorized users are invoiced for amounts due	\$11,859
2	A15	SC Legis Council	3035	print code supplement	7807	sale of <u>State Register</u>	Section 2-11-80	production of annual Code supplements	production of annual Code supplements	Proviso 70.12	recipients are invoiced for amounts due	\$10,840
3	A15	SC Legis Council	3035	print code supplement	7811	sale of documents	Section 2-11-80	production of annual Code supplements	production of annual Code supplements	Proviso 70.12	public sector recipients of annual Code supplements are invoiced for amounts due	\$222,605
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Stephen T. Draffin A15 Subfund
Contact's Phone Number: (803) 212-4500
Contact's E-mail Address: stevedraffin@scstatehouse.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	A15	SC Legis Council	3035	Printing code supplement	7404, 7811, 7807	\$2,269	\$248,317	0.9%	The annual cost to produce the supplement to the South Carolina Code of Laws each year is approximately \$300,000 (see agency's accountability report). The monies received from reimbursement invoices described herein and deposited in these subfunds pay around two-thirds of the annual cost (\$200,000) with general fund appropriations to the agency making up the difference (roughly one-third or \$100,000). The remaining summary explains why an unlimited carry forward is needed each year. The annual cost of the Code supplement varies each year based on the number of acts enacted by the General Assembly and the corresponding number of pages required to be printed in the supplement. It is therefore necessary to carry forward all these funds in order to pay the Code supplement bill each year when it becomes due. In some years, if the General Assembly enacts a major bill such as a rewrite of the Uniform Commercial Code, the tax title, or the insurance title, all of which have happened, there is not enough money even with the full carry forward to pay the Code supplement bill. We then have to use other funds for this. If there are sufficient funds with use of the carry forward, the balance is then used to thereafter pay for a replenishment of our inventory of hardbound Code volumes we give to the members of the General Assembly and the courts of record the following year which we acquire based on the funds available after the Code supplement bill has been paid. There is never enough money, even with the full carry forward, to do all the needed replenishment, and as a result some requests have to be declined. A carry forward of all available funds from the previous year is required to meet our obligations to provide Codes and Code supplements to the public sector recipients designated by law to receive these materials from us as these obligations become due.
2	A15	SC Legis Council	3958	Sale of Assets		\$140	\$0	#DIV/0!	
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Melanie Barton
Contact Phone Number: 803-734-6148
Contact E-mail Address: mbarton@eoc.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	A85	EOC	4706	Public Information Campaign Fund	6601	INVESTMENT EARNINGS	Section 59-18-1700(B) of the SC Code of Laws	Earnings received on funds invested in securities	Public Awareness Campaign: Public Awareness	Proviso 1A.30	Revenue is generated from interested earned from donations retained in the Public Awareness Fund per SC Accountability Act of 1998.	\$1,470
2	A85	EOC	4973	Education Improvement Act	4005	ALLOCATIONS EDUCATION IMPROVEMENT ACT	Section 59-18-100 of the SC Code of Laws	To designate education improvement act allocations from the Department of Education to other state agencies.	Education Improvement Act: Administration & Programs (Implementation & Oversight, Evaluation of System Operations, Family Involvement)	Proviso 1A.19	Revenue is generated from Other Funds remitted by the Department of Revenue for general operations, programs, and activities performed in accordance to the SC Accountability Act of 1998.	\$1,083,508
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Lisa B. Nichols
Contact's Phone Number: 803-734-2805
Contact's E-mail Address: lbNichols@eoc.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	A85	EOC	3035	Operating Revenue	7506	\$230	\$0	#DIV/0!	This fund is used to garner registration fees, partial payments as required by COBRA regulations, revenue for reprints or duplications to fulfill requests, such as FOIA request and materials distributed by the agency for promoting program initiatives . The agency needs to carry forward revenue generated in this fund in order to secure proper processing of meeting accommodations.
2	A85	EOC	4706	Public Information Campaign	6601, 7604	\$37,478	\$18,000	208.2%	This fund is used to process contributions and donations for the Public Awareness Campaign. This initiative is used to apprise the public on the importance of high standards for academic performance for public school students in the state. The agency needs to carry forward revenue generated in this fund in order to inform constituents on education performance in the state.
3	A85	EOC	4973	Education Improvement Act	3801, 4005, 7221	\$205,685	\$963,619	21.3%	This fund is used in all functions of the agency. The agency needs to carry forward revenue generated in this fund in order to maintain reoccurring activities and programs and to manage unforeseen occurrences such as budget reductions.
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Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Thomas Timberlake
Contact Phone Number: 803-734-1970
Contact E-mail Address: ttimberlake@sccourts.org

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	B04	SCJD	3035	Operating Revenue	4507	Law Exam Fee	Proviso 44.9 of FY 2011-12 Appropriations Act	Fees collected by the Supreme Court Bar Admissions Office.	Agency operations, Personal Service & Employer Contributions	Proviso 44.9 of FY 2011-12 Appropriations Act	Fees collected from lawyers by the Bar Admissions Office which include, but are not limited to, the following: Bar Applications, Pro hac vice applications and Rule 403 certifications.	\$898,050
2	B04	SCJD	3037	Special Deposits	7282	Transfer State Bar License Fee	Rule 410, SCACR	Monies received from fees collected by the SC Bar Association to defray expenses in Disciplinary Counsel.	Personal Services and Employer Contributions	Proviso 44.14 of FY 2011-12 Appropriations Act	Monies (Bar license fees) received from the State Bar.	\$571,500
3	B04	SCJD	3076	Judicial Commitments	7201	Misc Revenue	Proviso 44.3 of FY 2011-12 Appropriations Act	Paying attorneys for services provided to chemically/ mentally dependent persons.	Case Services	Proviso 44.14 of FY 2011-12 Appropriations Act	Flow through revenue from the Department of Mental Health to pay court appointed private examiners, guardians ad litem and attorneys. \$50 for attorney representation at an authorized hearing. \$10 for attorney services rendered where no hearing was held. \$75 for attorney representation at a supplemental hearing at the Circuit Court level. \$100 for attorney representation at a supplemental hearing at the Supreme Court level. \$25 for guardian ad litem representation at an authorized hearing.	\$318,464
4	B04	SCJD	3086	Circuit Court-Filing Fee	4722	Family & Circuit Court Filing Fee	14-1-204 of the SC Code of Laws	Fees collected by the Family & Circuit Courts.	Agency operations, Personal Service & Employer Contributions	14-1-204 of the SC Code of Laws	\$50 per filing-fee paid by citizens. Fees collected by the Family and Circuit courts and distributed to SCJD by the STO. SCJD receives 67.96% of the fees collected.	\$4,093,223
5	B04	SCJD	3086	Circuit Court-Filing Fee	4811	Circuit Court Filing Fee	14-1-204 of the SC Code of Laws	Fees collected for filing complaints and petitions in civil actions.	Agency operations, Personal Service & Employer Contributions	Proviso 44.14 of FY 2011-12 Appropriations Act	\$100 fee paid by citizens for filing complaints or petitions in civil actions in a court of record. 56% is remitted by the counties to the State Treasurer and then distributed. SCJD receives 30% of what is remitted.	\$2,038,817
6	B04	SCJD	3086	Circuit Court-Filing Fee	4813	Court Motions Fees	8-21-320 of the SC Code of Laws	Fees collected for every motion made in court.	Agency operations, Personal Service & Employer Contributions	Proviso 44.14 of FY 2011-12 Appropriations Act	\$25 fee paid by citizens for every motion made in the court of common pleas and family court, not including motions made in family court juvenile delinquency proceedings. The first \$450,000 must be transferred to Prosecution Coordination Commission then SCJD receives 100% of the fees collected.	\$3,045,706
7	B04	SCJD	3086	Circuit Court-Filing Fee	4814	Alimony/Child Support Fee	14-1-203 of the SC Code of Laws	Revenues from spousal and dependent children support actions.	Agency operations, Personal Service & Employer Contributions	Proviso 44.14 of FY 2011-12 Appropriations Act	Revenues collected from spousal and dependent children support actions. 44% is remitted by the counties to the State Treasurer and then distributed. SCJD receives 40% of what is remitted.	\$3,089,474
8	B04	SCJD	3352	Case Management Technical Support	4542	State Case Management System	Proviso 44.15 of FY 2011-12 Appropriations Act	Revenue generated by charging a fee for technology support services.	Agency operations.	Proviso 44.15 of FY 2011-12 Appropriations Act	Fees collected by SCJD from counties for technology support services provided to users of the State case management system. Counties are invoiced on a fiscal year basis after they go live. Fees are based on population and range from \$6000-\$50,000.	\$1,040,000

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Thomas Timberlake
Contact Phone Number: 803-734-1970
Contact E-mail Address: ttimberlake@sccourts.org

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
9	B04	SCJD	3733	Magistrate Court Filing Fee	4720	Magistrate Court-Complaints	22-3-340 of the SC Code of Laws	Fees collected by the Magistrate for all summons and complaint filings.	Agency operations.	Proviso 44.14 of FY 2011-12 Appropriations Act	\$25 assessment fee paid by citizens on all summons and complaint filings in magistrate court. SCJD receives 100% of the fees collected.	\$997,522
10	B04	SCJD	3733	Magistrate Court Filing Fee	4721	Magistrate Court-Civil Filing	22-3-340 of the SC Code of Laws	Fees collected by the Magistrate for all civil filings.	Agency operations.	Proviso 44.14 of FY 2011-12 Appropriations Act	\$10 assessment fee paid by citizens on all other civil filings in magistrate court, except on restraining orders. SCJD receives 100% of the fees collected.	\$1,701,364
11	B04	SCJD	39C7	Law Enforcement Surcharge	5750	Conviction Surcharge	14-1-212 of the SC Code of Laws	Collection of surcharges levied on all fines, forfeitures, escheatments, or other monetary penalties imposed.	Agency operations.	Proviso 44.14 of FY 2011-12 Appropriations Act	\$25 per case surcharge paid by citizens on all fines, forfeitures, escheatment, or other monetary penalties imposed in the general session court or in magistrates' or municipal court for misdemeanor traffic offenses or for nontraffic violations. The first \$40,000 goes to the STO then SCJD receives 3.75%.	\$1,643,110
12	B04	SCJD	39H2	Increased Enforcement Collections	7274	Nonrecurring Operating Transfer	Proviso 90.16 of FY 2010-11 Appropriations Act		Agency operations.	Proviso 44.14 of FY 2010-11 Appropriations Act		\$2,900,000

Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Thomas Timberlake
Contact's Phone Number: 803-734-1970
Contact's E-mail Address: ttimberlake@sccourts.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	B04	SCJD	3035	Operating Revenue	4507,4822, 4850, 4895, 7201, & 7823	\$791,682	\$721,048	109.8%	Funds are committed for general operations and personal services for the Supreme Court Bar Admissions.
2	B04	SCJD	3037	Special Deposits	7282	\$9,542	\$561,958	1.7%	Funds are committed for Disciplinary Counsel personal services.
3	B04	SCJD	3076	Judicial Commitments	7201	\$5,599	\$349,175	1.6%	Funds are restricted for Involuntary Commitments (Flow Through).
4	B04	SCJD	3086	Circuit Court-Filing Fee	4722, 4811, 4813 & 4814	\$4,354,367	\$7,915,597	55.0%	Funds are committed for personal services.
5	B04	SCJD	3352	Case Management Technical Support	4542	\$0	\$1,040,000	0.0%	
6	B04	SCJD	3634	Cap Res Fd Operating Approp	7236	\$848,995	\$0	0.0%	Funds are used for general operations and special projects which are in process.
7	B04	SCJD	3733	Magistrate Court Filing Fee	4720, 4721, 5759 & 5760	\$397,239	\$2,675,606	14.8%	Funds are committed for operating expenses.
8	B04	SCJD	39C7	Law Enforcement Surcharge	5750	\$437,096	\$1,299,689	33.6%	Funds are committed for operating expenses.
9	B04	SCJD	39H2	Increased Enforcement Collections	7274	\$2,693,809	\$206,191	1306.5%	Funds are committed for repairs and renovation projects.
10	B04	SCJD	3958	Sale of Assets	7854	\$23,506	\$0	0.0%	Funds are committed to replace office equipment.

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

me of Agency Contact: Margaret Sanders
ntact Phone Number: 734-6414
ntact E-mail Address: msanders@scalcal.net

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
C05	ALC	3035	Operating Revenue	4501	Filing Fees	S.C. Code Ann. §1-23-670	To retain revenue generated from filing fees and used to operate the ALC	General Operating expenses for the agency as a whole		Each request for a contested case hearing, notice of appeal, or request for injunctive relief before the Administrative Law Court must be accompanied by a filing fee.	\$1,069,625
C05	ALC	3035	Operating Revenue	4822	Copy Fees		To retain revenue generated from copies and used to offset copy charges for the ALC	General Operating expenses for the agency as a whole		Division shall retain and expend, for the same purpose for which it is generated, all revenue received during the current fiscal year as payment for printing and distributing copies of court rules and other agency documents.	\$5,968
C05	ALC	3035	Operating Revenue	7810	Sale of Brochure/Rules		To retain revenue generated from the sale of ALC Rules and used to offset copy charges for the ALC	General Operating expenses for the agency as a whole		Division shall retain and expend, for the same purpose for which it is generated, all revenue received during the current fiscal year as payment for printing and distributing copies of court rules and other agency documents.	\$25
C05	ALC	7903	Adjustment to Agency Deposit	3035	Filing Fees	S.C. Code Ann. §1-23-670	To retain revenue generated from filing fees and used to operate the ALC	General Operating expenses for the agency as a whole		Each request for a contested case hearing, notice of appeal, or request for injunctive relief before the Administrative Law Court must be accompanied by a filing fee.	\$4,350

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Margaret Sanders
Contact's Phone Number: 734-6414
Contact's E-mail Address: msanders@scalc.net

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 C05	ALC	3035	Administration	0160, 0199, 0204, 0209, 0215, 0216, 0217, 0221, 0225, 0230, 0236, 0238, 0239, 0299, 0301, 0303, 0304, 0309, 0315, 0335, 0346, 0401, 0403, 0404, 0408, 0415, 0416, 0417, 0501, 0504, 0506, 0550, 0720, 5001, 5018, 1301, 1331, 1361, 1367, 1371	\$247,721	\$1,014,482	24.4%	Operating revenue funds are budgeted based on estimates of anticipated incoming revenue and normal agency operating expenditures. If actual revenue exceeds the revenue estimate, or if actual expenditures are less than the amount budgeted, the operating revenue fiscal year-end balance may exceed one-sixth of annual disbursements. Operating revenue funds exceeding this amount are needed in future years to offset state appropriated funding cuts, or when actual revenue falls short of the revenue estimate, and to pay for unforeseen and/or one time budget items, such as major equipment/IT purchases, repairs, and/or capital improvements.

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Don Royal, Michele Featherstone
Contact Phone Number: Phone # 896-4647, 896-7521
Contact E-mail Address: E-mail: Droyal@sled.sc.gov, mfeatherston@sled.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount (s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	D10	SLED	3035	Operating Rev.	1602	Coin Operated Dev	12-21-2720	Offset the cost of video gaming enforcement	Narcotics/Alcohol Enforcement/Gaming	FY12 Proviso 48.16	Fees assessed by SCDOR on Class Two coin operated machine licenses.	\$ 339,064
2	D10	SLED	3035	Operating Rev.	1669	ABL Inspection Fee	61-2-105	Offset cost of inspections, investigations and enforcement	Regulatory Investigative Services/Narcotics /Alcohol Enforcement	61-2-105	Funds collected from the increase of alcoholic beverage license application fees and permit fees.	\$ 2,596,436
3	D10	SLED	3035	Operating Rev.	1703	Gun Lic-Priv. Det	FY12 Proviso 48.12 & 48.20	These funds shall be collected, retained, expended and carried forward by the SLED	Agency Operations	FY12 Proviso 48.12 & 48.20	Fees charged to process state criminal history checks (\$25) and federal fingerprint based criminal history checks (\$50). These fees are charged to private detective companies, armed security guards, and proprietary security companies. Includes license and registration fees for private detective/security companies.	\$ 440,155
4	D10	SLED	3035	Operating Rev.	1708	Concealed Weapon	23-31-216	The SLED shall collect, retain, expend, and carry forward all fees associated with the CWP program	Regulatory	23-31-216	Fees associated with the Concealed Weapon Permit program.	\$ 1,879,985
5	D10	SLED	3035	Operating Rev.	4535	Record Search Fee	23-3-115	Revenue generated above stated amount shall be retained, expended and carried forward by the SLED	Agency Operations	23-3-115(A)	Fee for each criminal record search and for charitable organizations. Revenue generated up to \$4,461,000 remitted to the General Fund of the State; any revenue generated above this amount goes to SLED.	\$ 6,052,502
6	D10	SLED	3035	Operating Rev.	4704	Sex Offender Reg.	FY12 Proviso 48.14	Support the Statewide Sex Offender Registry	Criminal Justice Information System		Each Sheriff is authorized to charge an annual fee for each sex offender not declared indigent for annual registration. Fee is divided between Sheriffs and SLED	\$ 144,042
7	D10	SLED	3035	Operating Rev.	4717	DNA Proc. Fee	23-3-670	DNA Database Program	Forensic Lab	FY12 Proviso 48.15	Funds collected by SCDC, SCPPPS, and SCDJJ, to process DNA samples must be remitted to SLED.	\$ 507,839
8	D10	SLED	3035	Operating Rev.	5701	Court Fine	56-5-2930, 56-5-2933 & 56-5-2953	Offset cost of Breath testing/Datamaster	Implied Consent/Breath Alcohol Testing	56-5-2953 Enacted 1998	Funds are received for SLED to purchase, maintain and supply videotaping equipment for the breath test sites	\$ 344,319
9	D10	SLED	3035	Operating Rev.	5750	Conviction Surcharge	14-1-212	General purpose for Agency Operation	Agency Operations		The surcharge levied on all fines, forfeitures, escheatment's imposed in General Sessions Court. 15% of collection in excess of \$40,000 is allocated to SLED	\$ 2,879,293
10	D10	SLED	3035	Operating Rev.	7201	Misc. Revenue	FY12 Proviso 48.15	Miscellaneous revenue was combined for various programs.	Agency Operations Regulatory	FY12 Proviso 48.15	Quarterly reimbursements from the SC Education Lottery to offset the cost of inspections, investigations, and enforcement of the Lottery. Funds received for reimbursement of gas, mileage, maintenance and repairs from state Homeland Security operations.	\$ 294,359
11	D10	SLED	3035	Operating Rev.	7221	Misc Transfer	FY12 Proviso 89.43	Offset cost of inspections, investigations and enforcement	Narcotics/Alcohol Enforcement/Gaming	FY12 Proviso 89.43	Funds received from the Attorney General's Office per the Tobacco Settlement Revenue Management Authority.	\$ 682,561
12	D10	SLED	3468	Confiscated Cash	5801	Forfeited Monies	FY12 Proviso 48.1/44-53-520	General purpose for Agency Operation	Agency Operations	FY12 Proviso 48.1/44-53-520	Funds collected from seized money pursuant to court orders.	\$ 1,221,916
13	D10	SLED	3958	Sale of Assets	7853	Sale of Vehicles	23-3-55	To purchase like items	Law Enforcement	23-3-55	Amount of revenue varies from sale of assets.	\$ 166,858

Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Don Royal, Michele Featherstone

Contact's Phone Number: 896-7521, 896-4647

Contact's E-mail Address: droyal@sled.sc.gov, Mfeatherstone@sled.sc.gov

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	D10	3035	Operating Revenue	1602 1669 1703 1707 1708 1807 2802 3801 4515 4524 4535 4703 4704 4706 4717 4718 5701 5709 5742 5746 5750 5759 5760 5761 5762 5801 7201 7211 7221 7286 7409 7605 7702 7861	\$ 7,552,278	\$ 12,232,636	61.74%	Funds are used to cover non-recurring expenses to include law enforcement equipment, computer equipment, fleet rotation, and to maintain a contingency for emergency purposes.
2	D10	3468	Confiscated Cash	5801 & 5802	\$ 2,976,879	\$ 1,052,725	282.78%	Funds are used to support "Other Funded" positions and agency operating costs. The cash balance will also be used to cover all non-recurring expenditures related to investigative units.
3	D10	3958	Sale of Assets	7853	\$ 208,585	\$ 324,503	64.28%	Funds are generated from the sale of old vehicles. The funds are used to rotate unreliable/high mileage vehicles.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brenda Day
Contact Phone Number: 803-734-0543
Contact E-mail Address: bdday@oepp.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
D17	Governor's Off	3147	Victims Comp	4834	Commty Corr Plan Assessme	14-1-203, 14-1-204, 14-1-205, 14-1-206, 14-1-207, 14-1-208, 16-3-1250, 16-3-1260, 17-22-350	Provides restitution monies from offenders to support the payment of eligible victim compensation claims.	Payment of Victim's compensation claims and SOVA operations		Assessments from cost, fees, fines, penalties, forfeitures, restitution - from general sessions, municipal, and magistrate courts.	\$9,306,648
D17	Governor's Off	3147	Victims Comp	7506	Other Grts - restricted	16-3-1610 Section 2 and Proviso 72.18	Funds passed through SOVA for victim assistance programs in Solicitor's offices and for Crime Victim's Ombudsman and the OVSEC office	Supports victim assistance programs in Solicitor's office/ provides operating funds for Crime Victim's Ombudsman office		Funds passed on are from object code 4834.	\$173,000
D17	Governor's Off	3477	COC Patient	7265	Transf Rev-Fees/Operation	Section 20-7-5650	Per Proviso 23.3; funds utilized consistently with Transition Leadership Council's definition of severely mentally ill children and adults.	Procurement of Services for Continuum of Care Clients	72.14	Funds allocated per DMH Proviso 23.3 from DMH Patient Fee Account.	\$400,000
D17	Governor's Off	3639	Veteran Cemetery	4850	Misc Fee	Section 25-11-80 of the S.C. Code of Laws.	Allow agency to collect and retain interment fee revenue to be used to purchase burial vaults in following and subsequent fiscal years	Burial of veterans and their immediate family	72.16	Interment fees (plot allowance) are paid by the U.S. Department of Veterans Affairs in the amount of \$300 per veteran. Interment fees (plot allowance) are also paid in the amount of \$300 for the burial of the spouse of a veteran by the veteran, funeral home or family member.	\$73,200
D17	Governor's Off	3721	Economic Opportunity - Project Share	7605	General Operating Contribution & Donations		Project Share funds are 100% pass through funds received from utility companies to assist with Low Income Energy Assistance in the state of SC.	Utility assistance is provided to Low Income residence in the service areas of the utility company and follow the administrative procedures of our federal funded program LIHEAP		Utility companies that participate in Project Share are Duke Power, Piedmont Natural Gas, Progress Energy - Neighbor Fund, SCE&G. Revenues for Project Share are generated by different methods. Utility companies may provide corporate support or receive donations from their customers that are matched with a corporate donation. Funding is not pre-determined and is issued timely to Community Action Agencies as the funds are received.	\$20,000

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brenda Day
Contact Phone Number: 803-734-0543
Contact E-mail Address: bdday@oepp.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
6	D17	Governor's Off	3760	Foster Care Medicaid	3901	Medicaid & Medicaid Reimbursement	SC Code Ann. Section 20-7-2376 et. Seq.	To provide an external system of accountability and advocacy for children and families involved with the foster care system and to fund the Heart Gallery Program.	Operation of the Division of Foster Care Review Board and the Heart Gallery Program.	63-11-700	The agency's contract with SCDSS for federal IV-E dollars operates on the federal fiscal year of October through September, which overlaps with the state's fiscal year of July through June. Because the request for reimbursement from SCDSS occurs monthly, based on the prior months' expenditures, appropriated state dollars must be available in order to receive the 50/50 matched federal IV-E contract dollars. Operating revenue funds are budgeted based on estimated prior expenditures and anticipated future revenue and expenditures. When actual revenue exceeds estimates, or when actual expenditures are less than the amount budgeted, carry over operating revenue funds are used to partially offset state funding cuts, or to pay for unforeseen operating expenditures.	\$838,251
7	D17	Governor's Off	3764	Medicaid Assistance Payments	3901	Medicaid	Section 20-7-5650	Medicaid revenue generated from case management and procured services to seriously emotionally disturbed children not in state custody.	Care Coordination and Procurement of Services for Continuum of Care Clients	72.14	Reimbursement for case management Medicaid billable hours at hourly rate of \$144.52 @ 70% FFP and reimbursement of funds for Medicaid eligible WRAP services @ 70% FFP and Medicaid eligible transportation services @ 50% FFP. (Subfund 3478 replaced by subfund 3764; all revenue was transferred to 3764 from 3478).	\$1,830,242
8	D17	Governor's Off	3776	Gal Contributions	7506	Other Operating Grants - Restrictive	The National CASA Association grants program is authorized to distribute funds under the federal Victims of Child Abuse Act, P.L. 101-647. Funds are contingent upon appropriations by the US Congress and approval by OJJDP.	The SCGAL Program receives a state program grant from the national Court-Appointed Special Advocate Association	Per grant restrictions, the SCGAL Program pays the salary of one time-limited employee whose job is to conduct volunteer recruitment efforts across the state; the grant also purchases equipment and supplies for recruitement material production and pays for travel reimbursement for Regional Supervisors	There is no carry forward for the grant. Funds must be returned to NCASAA if not disbursed. Some funds are disbursed for the salary paid by the grant in the 13th month.	A grant proposal that is written subject to the grantors specifications is submitted with a detailed plan of how funds will be used and for what purpose. Included in the grant are the timeframes and how results will be evaluated. NCASAA awards grants based on the grant request's adherence to grant guidelines for program expansion to serve more children or services enhancement. Bi-annual reports are submitted to measure compliance to the grant.	\$88,900
9	D17	Governor's Off	3785	Gal Operating Revenue	7506	Other Operating Grants Restricted	Federal Funds IV-B	Compensation for attorneys who represent volunteers guardians ad litem	Contracts for volunteer GAL representation by attorneys for improvement of child outcomes in court	72.13	Federal IV-B funds are passed through DSS to the GAL Program for attorney compensation as federal IV-B funds are available. The Guardian ad Litem program has a an annually renewed contract with DSS to receive these funds.	\$295,188
10	D17	Governor's Off	31S2	Medicaid Assistance - ARRA	3901	Medicaid Assistance - ARRA						\$156,839
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brenda Day
Contact's Phone Number: 803-734-0543
Contact's E-mail Address: bday@oepp.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	D17	Governor's Off	035	Operating Revenu		\$3,100	\$0	#DIV/0!	Potential payouts for claims on hand could easily cause a need for greater expenditures in a given fiscal year that would exceed 116% of prior year expenditures. For example, each approved claim has a potential payout of \$15,000. Claims may be paid on for multiple years depending on when victims incur eligible expenditures and carryforward funds must be available in the event multiple claims mature at the same time. SOVA processes approximately 4,000 new claims per year with an average payout of approximately \$2,500 per claim. Should eligible expenditures reach maximum allowable expenditures in a given fiscal year, the potential payout would be \$60,000,000, far exceeding even current carryforward amounts.
2	D17	Governor's Off	098	Donations		\$28,849	\$0	#DIV/0!	
3	D17	Governor's Off	1S2	Medicaid Asst. ARRA		\$43,628	\$172,758	25.3%	
4	D17	Governor's Off	147	Victims Comp	4834, 4850, 5701, 7505, 7506, 7604	\$9,212,079	\$9,145,136	100.7%	
5	D17	Governor's Off	150	Donations-Devt	7506	\$74,772	\$140,762	53.1%	

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brenda Day
Contact's Phone Number: 803-734-0543
Contact's E-mail Address: bday@oepp.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
6	D17	Governor's Off	4E4	Increased Enforc		\$250,254	\$0	#DIV/0!	These funds have been earmarked for a project at the Veterans Cemetery.
7	D17	Governor's Off	477	COC Patient Fee	7265	\$912,708	(\$20,011)	-4561.0%	1) Funds utilized as matching funds to pay for community based wrap-around services to support parents and their emotionally disturbed child within their home environment and avoid costly out of home care.DHHS requires quarterly advances of matching funds be on deposit to pay provider bills previously paid from 100 % COC funds and Medicaid reimbursement requested from DHHS for Medicaid eligible services.
8	D17	Governor's Off	478	COC Medicaid	3901	\$0	\$0	#DIV/0!	This subfund is replaced by subfund 3764 - Medicaid Assitance Payments.
9	D17	Governor's Off	5E5	Military Fam Rel	7221	\$252,036	\$16,319	1544.5%	Funds specifically allocated by SCSHFDA to MRF for housing expenses. The expenditures (grants) vary from year to year depending on the needs of those being deployed in support of the Global War on Terrorism or returning home; therefore, it is necessary to carry forward a balance greater than one-sixth due to the unpredictability of the needs of the veterans/service members. SCSHFDA may request unexpended funds be returned or distributed as SCSHFDA directs (per MOU dated 15 February 2005). Proviso 72.16 allows VA to carry forward all Line Items.
10	D17	Governor's Off	639	Veteran Cemeter	4850	\$198,175	\$16,025	1236.7%	Interment fees/plot allowances will be used to purchase additional burial vaults, which on average run approximately \$685 (vaults and minimal service per placement). Burial vaults will be periodically added as we use existing vaults.
11	D17	Governor's Off	7J8	Agency IDC Fund		\$14,371	\$0	#DIV/0!	Project Share monies are private funds donated to the Office of Economic Opportunity from utility companies to supplement the LIHEAP program. Any carryforward dollars from this subfund are simply the result of the timing of the donation. These funds are designated for disbursement to local community action agencies by the utility providers and cannot be used for any other purpose.
12	D17	Governor's Off	721	Economic Opp	7506, 7605	\$90,081	\$52,098	172.9%	

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brenda Day
Contact's Phone Number: 803-734-0543
Contact's E-mail Address: bday@oepp.sc.gov

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.	
13	D17	Governor's Off	760	Foster Care Med	3901	\$507,209	\$571,099	88.8%	The agency's contract with SCDSS for federal IV-E dollars operates on the federal fiscal year of October through September, which overlaps with the state's fiscal year of July through June. Because the request for reimbursement from SCDSS occurs monthly, based on the prior months' expenditures, appropriated state dollars must be available in order to receive the 50/50 matched federal IV-E contract dollars. Operating revenue funds are budgeted based on estimated prior expenditures and anticipated future revenue and expenditures. When actual revenue exceeds estimates, or when actual expenditures are less than the amount budgeted, carry over operating revenue funds are used to partially offset state funding cuts, or to pay for unforeseen operating expenditures.
	D17	Governor's Off	764	Medicaid Asst Payment	3901	\$556,924	\$2,273,929	24.5%	Continuum of Care provides care coordination and procurement of services for severely emotionally and behavioral, or psychiatric disturbed children not in state custody. All costs which include client payments, staff salaries, employer contributions and operating expenses are paid 100% from COC funds. COC bills DHHS for reimbursement of Federal share of Medicaid eligible services which may take up to ninety days to receive.[33] FTE's and [19] TG positions funded by COC medicaid and require funds to be carried forward to meet payroll and provider obligations. This subfund replaces subfund 3478.
	D17	Governor's Off	776	Gal Contributions	7506	\$10,468	\$78,432	13.3%	This sub-fund is for a grant from the National Court-Appointed Special Advocate Association that is funded via federal law P.L. 101-647. The grant must be used in the year it was awarded. Any NCASAA grant funds used must be returned to NCASAA per the fe
	D17	Governor's Off	785	Gal Operating Re	7201, 7221, 7506	\$588,917	\$1,274,553	46.2%	By Proviso 72.13, a 2% revenue stream was created with carry-over as part of a long-range plan to stabilize Program operation. The fund is extremely variable. Last year's revenue from this source has been placed in a trust fund. The GAL Program would no

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brenda Day
Contact Phone Number: 803-734-0543
Contact E-mail Address: bday@oepp.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	D20	Governor's Office - Mansion and Grounds	35C8	Mansion Operating	7409	Rent - Studios and Rooms	72.17	These funds are used to supplement the operation of the Governor's Mansion.	72.17	This account consists solely of funds generated through rental of the Lace House and related gardens and mall at the Governor's Mansion Complex. These funds are to be used solely to supplement operations at the Governor's Mansion Complex or to maintain or improve the properties therein. A portion of these funds are needed to supplement personnel expense at the Governor's Mansion to account for their time spent in booking the rentals, overseeing the rentals and cleaning up after the rentals. As well, a portion of these funds are needed to supplement operations at the Governor's Mansion Complex as the supplies and equipment used in the maintenance of the properties for rentals are purchased through the mansion operating funds. Finally, these funds are being used to further improve the gardens for safe public use and to possibly install solar technologies to reduce the environmental impact of mansion energy use.	\$110,725
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brenda Day
Contact's Phone Number: 803-734-0543
Contact's E-mail Address: bday@oepp.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	D20	MANSION AND GROUND	35C8	MANSION COMPLEX RENT-STUDIO AND ROOMS	7221	\$92,120	\$48,295	190.7%	The Agency needs to carry forward the full balance of year end funds due to the unique nature of this account and because many of the funds are already earmarked for expenditure. First, this account consists solely of funds generated through rental of the Lace House and related gardens and mall at the Governor's Mansion Complex. These funds are to be used solely to supplement operations at the Governor's Mansion Complex or to maintain or imporove the properties therein. A portion of these funds are needed to supplement personnel expense at the Governor's Mansion to account for their time spent in booking the rentals, overseeing the rentals and cleaning up after the rentals. As well, a portion of these funds are needed to supplement operations at the Governor's Mansion Complex as the supplies and equipment used in the maintenance of the properties for rentals are purchased through the mansion operating funds.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brad Littlejohn
Contact Phone Number: (803)-734-9877
Contact E-mail Address: Blittlejohn@aging.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
E04	Lt. Governor's Office	3035	Operating Revenue	3901	Medicaid and Medicare Reimbursement	Section 43-21-40	Earned funds received as payment for services provided under the Medicaid and Medicare programs	Funds are used for the Medicaid Ombudsman program to investigate complaints and advocates for seniors rights in facilities		Grant Revenue which is returned to the grantor if funds are not fully expended.	\$371,162
E04	Lt. Governor's Office	3035	Operating Revenue	7201	Miscellaneous Revenue	Section 43-21-40	Receipt of revenue that is not otherwise specifically classified under any other revenue object code	Revenue is used for improvements to senior living by programs, services, and information		Miscellaneous Revenue	\$259,952
E04	Lt. Governor's Office	3035	Operating Revenue	7605	Operating Contributions and Donations-Restricted	Donations for restricted uses	Contributions and Donations for restricted uses	Contributions and Donations for restricted uses		Donations	\$90,000
E04	Lt. Governor's Office	3127	Aging Community Development Fund	0617	Admission Tax-Bingo	Section 12-21-2590, 1976 Code	License tax charged to persons or organizations conducting bingo games where prizes of cash or merchandise are awarded	Revenue is used for improvements to senior living by programs, services, and information		License tax charged to organizations conducting bingo games where prizes of cash or merchandise are awarded.	\$600,000

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brad Littlejohn
Contact's Phone Number: (803)-734-9877
Contact's E-mail Address: Blittlejohn@aging.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E04	Lt. Governor's Office	3035	Operating Revenue	3901 4829 7201 7605	\$150,375	\$648,867	23.2%	This is grant revenue given to the LGOA to administer programs for seniors. The revenue is for reimbursement to providers for providing these services. This is also a fund that holds multiple accounts including funds from local providers for motor pool payments.
2	E04	Lt. Governor's Office	3127	Aging Community Development Fund	0617	\$88,904	\$585,022	15.2%	Revenue from bingo fees from operators, earmarked for home care services at the local level. The funds are distributed by formula, and are allocated at the start of the state fiscal year.
3	E04	Lt. Governor's Office	3463	Proviso 90.13 FY 2008-2009	7221	\$57,947	\$343,068	16.9%	Revenue given to the LGOA to provide Home and Community Based Services for seniors across the state.
4	E04	Lt. Governor's Office	4508	Sr Cit Ctrs Perm Impr Fund	0617 6601	\$2,862,859	\$2,287,822	125.1%	Revenue given to the LGOA to fund construction, renovation, and repairs to senior centers across the state. PIP projects are awarded for construction, renovation, and emergences. The revenue is needed for emergency and long term projects.
5	E04	Lt. Governor's Office	4979	Eldercare Trust Fund	6601 7605	\$84,675	\$38,000	222.8%	Revenue from tax check-off to support innovatice programs that help older persons remain in their homes and communities, avoiding institutional care.
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cynthia Piper
Contact Phone Number: 734-1957
Contact E-mail Address: Cpiper@sos.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
E08	SOS	3035	Operating Revenue	7811	Sale of Documents	SC Code section 1-5-50	To provide funds for all data processing equipment and supplies to carry out the functions of the office. Additionally funds are used to pay for the agency's rent and telephone equipment and service.	Charities SC Code Section 33-56-10 et seq. Uniform Commercial Code SC Code Section 36-9-101 et seq. Business Corporations SC Code Section 33-1-101 et seq. Notaries SC Code Section 26-1-10 et seq. Business Opportunities SC Code Section 39-57-10 et seq. Trademarks SC Code Section 39-15-10 et seq. Employment Agencies SC Code Section 41-25-10 et seq. Cable Franchise Authority SC Code Section 58-12-5 et seq. State Boards and Commissions SC Code Section 1-5-10 et seq. Municipalities SC Code Section 5-1-10 et seq. Service of Process Section 15-19-15 et seq.	SC Code section 1-5-50	Revenue is generated from fees collected for the cost of searching and making copies of records. The primary customers are law firms, banks, and other businesses.	\$533,462
E08	SOS	3037	Special Deposits	4817	Uniform Commercial Code Fee		UCC administration	Uniform Commercial Code SC Code Section 36-9-101 et seq.	Proviso 74.1 allows retention of \$120,000 annually for operations	Revenue is generated from minimal fees paid for the filing of UCC documents. The primary customers are banking institutions.	\$120,000
E08	SOS	3858	Charitable Organization Fee/Fines	1625	Charitable Organization Solicitation Permits/Public Charities Fines	SC Code section 33-56-160	To provide for administration and enforcement of the Solicitation of Charitable Funds Act.	Charities SC Code Section 33-56-10 et seq.	SC Code section 33-56-160	Revenue is generated from fees charged for filing documents and fines assessed for noncompliance with the statute. The primary customers are charitable organizations and paid solicitors/fundraisers.	\$572,911

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Cynthia Piper
Contact's Phone Number: 734-1957
Contact's E-mail Address: Cpiper@sos.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E08	Secretary of State	3035	Operating Revenue	7811	\$204,379	\$777,457	26.3%	The Secretary of State's office does not receive adequate general funds to provide its statutorily mandated services. Carry forward funds are used to supplement the unfunded programs required by statute especially when the agency experiences budget reductions. These funds are essential to meet statutory requirements. The current fund level was achieved through many years of cost savings and funds were originally slated for multiple technology improvements. Many improvements have been put on hold and the funds are now slated to maintain daily operations. Current appropriation levels require that these funds be maintained to ensure the security and reliability of information maintained by the office. It is imperative to note that many of the funds are obligated for technology infrastructure and lease payments for equipment to maintain the agency infrastructure as well as pay for staff to maintain these systems. The current and future budgeted use of these funds will reduce the carry forward further.
2	E08	Secretary of State	3858	Charitable Organization Fees/Fines	5745/1625	\$288,571	\$497,062	58.1%	Revenues in this program vary greatly especially with changes in statute and the economy. As the majority of costs are personnel costs, the result of not having these funds would be laying off employees one year and having to rehire untrained employees in a subsequent year. In addition, many of the carry forward funds are obligated for leasing of technology equipment to maintain the agency's infrastructure and online charities filing system.
3	E08	Secretary of State	3037	Special Deposits	4817	\$20,000	\$100,000	20.0%	The ending cash balance in this fund was due to an error in the SCEIS system. This fund does not normally have any carryforward as the cost of UCC operations far exceeds the \$120,000 annually.
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jim Holly
Contact Phone Number: (803) 734-2120
Contact E-mail Address: jholly@cg.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
E12	CG	3035	Operating Revenue	7201	Misc Revenue	Memorandum of Understanding between the Comptroller General's Office and the Division of State Information Technology at the Budget and Control Board for SCEIS project (Last year) Proviso 70.27	The Comptroller General's Office worked collaboratively with the Budget and Control Board, Division of State Information Technology to pool necessary resources and provide personnel to implement the SCEIS project.	Information Technology	Proviso 70.27	This is a reimbursement of costs from DSIT. No further reimbursements will occur. Approved by State Budget Office and Other Funds Oversight Committee.	\$250,000
E12	CG	3035	Operating Revenue	7204	Unemployment Compensation Fund Administration	Proviso 75.4 of the FY 2011-12 Appropriation Act and Section 41-31-820, S. C. Code of Laws, 1976	To recover costs associated with administering the fund not to exceed \$200,000 or two percent (whichever is less).	Statewide Account Services and Statewide Payroll/Accounts Payable	Proviso 75.4	Cost recovery from the Unemployment Compensation Fund to reimburse the agency for costs associated with administering the fund.	\$200,000
E12	CG	3035	Operating Revenue	7234	Purchasing Card Rebate Program	Proviso 75.5 of the FY 2011-12 Appropriation Act	To retain a portion of the Procurement card rebate	Administration and Statewide Accounts Payable	Proviso 75.5	The Comptroller General retains a portion of the purchasing card program rebate, not to exceed \$300,000. Bank of America pays rebates each year based on spend volume.	\$300,000
E12	CG	3035	Operating Revenue	7820	Sale of Surplus Materials	The State allows state agencies to sell surplus property to the General Services Surplus Property Division under the Budget and Control Board. Proviso 80A.35	By law, all property owned by the State must be disposed of only through the surplus property process.	General Operating expenses for the agency as a whole	Proviso 80A.35	By law, all property owned by the State must be disposed of only through the surplus property process. The State allows state agencies to sell surplus property to the General Services Surplus Property Division under the Budget and Control Board.	\$757

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jim Holly
Contact Phone Number: (803) 734-2120
Contact E-mail Address: jholly@cg.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
E12	CG	3035	Operating Revenue	9410	Payroll Deduction Processing	Proviso 75.3 of the FY 2011-12 Appropriation Act	To recover costs associated with processing payroll deductions, not to exceed 20 cents, for insurance plans, credit unions, deferred compensation plans, and professional associations per deduction per payday.	General Operating expenses for the agency as a whole	Proviso 75.3	Cost recovery, not to exceed 20 cents, is assessed on certain vendors for providing payroll deductions for insurance plans, credit unions, deferred compensation plans, and professional associations. The revenues derived assist our office in meeting the mandates contained in Section 11 of Internal Revenue Service Circular E, Employer's Tax Guide for tax year 2008 which requires employee payroll withholdings to be deposited within specific time frames.	\$58,761
E12	CG	3035	Operating Revenue	9411	Child Support Processing	Proviso 75.3 of the FY 2011-12 Appropriation Act and Section 63-17-1460 (C), SC Code of Laws, 1976	To recover costs associated with processing child support; payroll deductions not to exceed three dollars per deduction.	General Operating expenses for the agency as a whole	Proviso 75.3	Cost recovery for court-ordered processing, not to exceed three dollars, is paid by the employee per payday.	\$24,135
E12	CG	3035	Operating Revenue	9413	Deduction Processing Fees	Proviso 75.3 of the FY 2011-12 Appropriation Act	To recover costs associated with processing payroll deductions, not to exceed 20 cents, for insurance plans, credit unions, deferred compensation plans, and professional associations per deduction per payday.	General Operating expenses for the agency as a whole	Proviso 75.3	Cost recovery, not to exceed 20 cents, is assessed on certain vendors for providing payroll deductions for insurance plans, credit unions, deferred compensation plans, and professional associations. The revenues derived assist our office in meeting the mandates contained in Section 11 of Internal Revenue Service Circular E, Employer's Tax Guide for tax year 2008 which requires employee payroll withholdings to be deposited within specific time frames.	\$182,852
E12	CG	3035	Operating Revenue	9414	Child Support Processing	Proviso 75.3 of the FY 2011-12 Appropriation Act and Section 63-17-1460 (C), SC Code of Laws, 1976	To recover costs associated with processing child support; payroll deductions not to exceed three dollars per deduction.	General Operating expenses for the agency as a whole	Proviso 75.3	Cost recovery for court-ordered processing, not to exceed three dollars, is paid by the employee per payday.	\$41,198

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Jim Holly
Contact's Phone Number: (803) 734-2120
Contact's E-mail Address: jholly@cg.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E12	CG	3035	Operating Revenue	7201, 7204, 7234, 7820, 9410, 9411, 9413, 9414	\$11,984	\$1,112,900	1.1%	Funds in this account are being used in the 2010-11 budget year for our agency's daily operations. Without these funds, we will be unable to dependably and safely carry out our core functions which include operating and maintaining the statewide accounting system, processing annual payrolls of \$1.7 billion for approximately 47,000 state employees in 75 agencies, and processing 1.1 million requests for vendor payment. This function is unforgiving of mistakes and permits NO ROOM for error.
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Karen L. Wicker
Contact Phone Number: 803-734-9871
Contact E-mail Address: karen.wicker@sto.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
E16	Office of the State Treasurer	3035	Operating Revenue	2605	Fees & Receipts-Other	Proviso 76.4	To record funds received for operating and management costs associated with the Local Government Investment Pool	131 Investments	Proviso 76.4	Revenue received from Trust and Agency accounts held in custody by the State Treasurer.	\$138,908
E16	Office of the State Treasurer	3035	Operating Revenue	4857	Trust Fund Administration	SC Code of Law 13-7-30	To record fee charged for service and administration of Trust Funds in cusody of the Treasurer.	130 Accounting and Banking	SC Code of Law 13-7-30	Revenue received from Trust and Agency accounts held in custody by the State Treasurer.	\$28,978
E16	Office of the State Treasurer	3035	Operating Revenue	5701	Court Fines	SC Code of Law 14-1-206 (C8); 14-1-207 (C8); 14-1-208 (C12); 14-1-210 E	To record State Treasurer's portion of court revenue assessments and filing fees	130 Accounting and Banking	SC Code of Law 14-1-206 (C8); 14-1-207 (C8); 14-1-208 (C12); 14-1-210 E	Revenue received from Trust and Agency accounts held in custody by the State Treasurer.	\$76,529
E16	Office of the State Treasurer	3035	Operating Revenue	5750	Conviction Surcharge	SC Code of Law 14-1-212 (B1)	To record State Treasurer's portion of court revenue surcharges	130 Accounting and Banking	SC Code of Law 14-1-212 (B1)	Revenue received from Trust and Agency accounts held in custody by the State Treasurer.	\$40,000
E16	Office of the State Treasurer	3035	Operating Revenue	6601	Investment Management Fees	Proviso 76.5	To record funds received for operating and management costs associated with the investment management of various state funds.	131 Investments	Proviso 76.5	Interest earned on State of South Carolina Investments.	\$1,247,518
E16	Office of the State Treasurer	3035	Operating Revenue	7201	Misc Revenue	Proviso 76.6	To record funds received for operating and management costs associated with the indebtedness of the state	132 Debt Management	Proviso 76.6	Revenue received from Trust and Agency accounts held in custody by the State Treasurer.	\$494,642

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Karen L. Wicker
Contact Phone Number: 803-734-9871
Contact E-mail Address: karen.wicker@sto.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
E16	Office of the State Treasurer	3035	Operating Revenue	7221	Misc Transfer - Other Funds	SC Code of Law 27-18-240B Proviso 76.4	To record funds received for operating and managing the Unclaimed Property Program (Code 27-18-240B) and the Tuition Prepayment Plan and College Investment Program (Proviso 76.4).	133 Unclaimed Property Program / 134 SC Tuition Prepayment Program and SC College Investment Program	SC Code of Law 27-18-240B Proviso 76.4	Revenue received from Trust and Agency accounts held in custody by the State Treasurer.	\$1,791,752
E16	Office of the State Treasurer	4973	Allocation - EIA	4005	Allocation - EIA	FY 11 Appropriations Act Part IA, Section 1, Subsection XI.F.2. Other Agencies and Entities	The State Treasurer's Office is to receive EIA funds from the Department of Revenue for the purpose of disbursing these funds to the SC Student Loan Corporation to fund student loans for teacher program.	135 Student Loans - Teachers	FY 11 Appropriations Act Part IA, Section 1, Subsection XI.F.2. Other Agencies and Entities	Pass Through to SC Student Loan Corporation	\$4,000,722
E16	Office of the State Treasurer	4988	EIA Revolving Trust Fund	6601	Investment Management Fees	SC Code of Law 59-26-20	To record interest earned on student loan repayments	135 Student Loans - Teachers	SC Code of Law 59-26-20	Interest earned on school loan repayments	\$203,144
E16	Office of the State Treasurer	4988	EIA Revolving Trust Fund	8809	Student Loan Repay	SC Code of Law 59-26-20	To record repayments of student loans	135 Student Loans - Teachers	SC Code of Law 59-26-20	Funds generated from repayments to the loan program must be retained in a separate account and utilized as a revolving account for the purpose of making additional loans.	\$1,766,075

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Karen L. Wicker
Contact's Phone Number: 803-734-9871
Contact's E-mail Address: karen.wicker@sto.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E16	Office of the State Treasurer	3035	Operating Revenue	2605; 4857; 5701; 5750; 6601; 7201; and 7221	\$27,263	\$3,839,428	0.7%	Carry forward balance is less than one-sixth (16.5%) of disbursements.
2	E16	Office of the State Treasurer	34E4	Increased Enforcement Collection	7283	\$0	\$246,288	0.0%	N/A - No carry forward balance
3	E16	Office of the State Treasurer	4973	EIA Funds	4005	\$0	\$4,001,631	0.0%	N/A - No carry forward balance
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brian Wheeler
Contact Phone Number: 803-737-6843
Contact E-mail Address: bwheeler@ic.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	E19	Retirement System Investment Commission (RSIC)	4217	RS Invest Comm - Operating	3801	Refund Prior Year Expenditure		Refund from prior year expenditures	Activity # 1659 Administration - Investment Operations		Refund for purchase made in the prior Fiscal Year. \$637 - canceled subscription, \$35 vendor credit, and \$45 vendor credit.	\$717
2	E19	Retirement System Investment Commission (RSIC)	4217	RS Invest Comm - Operating	6601	Investment Earnings		Earnings received on funds invested	Activity # 1659 Administration - Investment Operations		Operating Funds (Revenue Object Code 7214) that are transferred from the investment earnings of the SC Retirement System Trust Funds earn interest	\$45,702
3	E19	Retirement System Investment Commission (RSIC)	4217	RS Invest Comm - Operating	7214	Retire Sys Adm Fee Transf	9-16-315	Operating Funds	Activity # 1659 Administration - Investment Operations		Revenue is transferred from the investment earnings of the SC Retirement System Trust Funds	\$4,919,379
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Kathy B. Rast
Contact's Phone Number: 803-737-6580
Contact's E-mail Address: krast@ic.sc.gov

		Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E19		Retirement System Investment Commission (RSIC)	4217	RS Invest Comm - Operating	3801 6601 7214	\$1,094,772	\$4,712,361	23.2%	RSIC is designated as "Other Funds" and funded from the SC Retirement System Trust Funds. The remaining cash amount at the end of the fiscal year is used to reduce the draw down amount from the trust funds for the new fiscal year.
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Revenue Object Codes

E20 South Carolina Office of the Attorney General
Name of Agency Contact: Tom Osmer
Contact Phone Number: 803-734-3771
Contact E-mail Address: tosmer@scaq.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
2	E20	SCAG	3035	Operating Revenue	4001	Allocation from State Agencies	MOU with DHHS	Allows agency to receive funding from DHHS to investigate and prosecute recipient fraud in the Medicaid program in South Carolina.	Medicaid Recipient Fraud	Proviso 45.2	Revenue is generated by a Memorandum of Understanding between DHHS and the Attorney General's office. This MOU is reviewed and approved on a yearly basis.	\$348,005
3	E20	SCAG	3035	Operating Revenue	4503	Litigation and Court Cost Recovery	1-7-85	This revenue allows the office to obtain reimbursement for its costs in representing the State in criminal proceedings and in representing the State and its officers and agencies in civil and administrative proceedings.	Prosecution, Opinions, Civil, and Administrative Functions of the Office.	Proviso 45.2	These funds are generated from cases settled and disbursed to the Attorney General by court order.	\$1,553,021
4	E20	SCAG	3035	Operating Revenue	5701	Court Fines	14-1-206, 14-1-207, 14-1-208	This revenue is for the prosecution of local death penalty cases.	Prosecution	Proviso 45.2	Funds are derived from a 1% assessment paid to the county clerk of court. This assessment is remitted to the State Treasurer and used by the Attorney General for Complex Criminal litigation matters.	\$346,494
5	E20	SCAG	3035	Operating Revenue	5750	Conviction Surcharge	14-1-212	The Attorney General retains 3.75% of the collected Law Enforcement Surcharge each year for the general purposes of the agency.	Prosecution/Enforcement/Agency Operations	Proviso 45.2	These funds are generated by the Law Enforcement Surcharge of \$25 per traffic ticket issued in the state.	\$719,810
6	E20	SCAG	3035	Operating Revenue	7221	Misc Transfer - Other Funds	Proviso 90.3	. The State Treasurer is authorized and directed to transfer to the Office of the Attorney General from funds available to the Tobacco Settlement Management Authority such amounts as shall be necessary for the enforcement of Chapter 47 of Title 11, The Tobacco Escrow Fund Act, which will protect the payments to the State under the Master Settlement Agreement.	Tobacco Arbitration	Proviso 90.3	The State Treasurer transfers funds from the Tobacco Escrow Fund Account	\$518,225
7	E20	SCAG	3035	Operating Revenue	7605	General Oper Contributions and Donations	Proviso 45.4	Allows the Office of the Attorney General to partner with non-state entities to produce programs to protect the State of South Carolina.	This donation was for the Internet Crimes Against Children Task Force for equipment purchases.	Provsio 45.4	Funds are donated to the office from private entities for the agreed upon purposes between the AG and the donor.	\$35,000
8	E20	SCAG	3037	Special Deposits	4818	Securities Fee	35-1-220	Securites Fees support the personnel and operations of the Securities section.	Securities Enforcement/Prosecution	Proviso 45.2	These fees originate with those who are licensed to deal in securities in the State of South Carolina.	\$1,728,452
9	E20	SCAG	3354	Medicaid Fraud Settlement	5743	Other Penalties, Cost, & Settlements	Court Order/Grant Directive	The MCFU may obtain reimbursement of costs associated with the prosecution of Medicaid Provider Fraud.	Medicaid Fraud Grant	Proviso 45.2	The MCFU is awarded reimbursement of expense by court order and can only use these funds in accordance with the grant.	\$487,692
10	E20	SCAG	3859	Securities Fines	5741	Securities Administrative Fines	35-1-220	Security Fines are used for the operational expenses of the Securities section including cases prosecuted by the State Grand Jury.	Securities Enforcement/Prosecution	Proviso 45.2	The funds are generated from fines levied on those entities or individuals dealing in the sale of securities. These funds are used for Securities Enforcement only. Also includes funding from Auction Rate Securities for the Water Litigation case	\$1,152,917

Agency Subfunds
Cash Balances and Disbursements

SC Office of the Attorney General

Name of Agency Contact: Tom Osmer

Contact's Phone Number: 803-734-3771

Contact's E-mail Address: tosmer@ag.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E20	South Carolina Office of the Attorney General	3035	Misc Revenue	1809;3801;4001;4503;5701;5743;5746;7221;5750;7201;7605	\$2,157,216	\$6,199,089	34.8%	This subfund contains many funds, some utilized for special programs. These programs include Tobacco Enforcement, Victim Service Fund, Wal Mart CDV Partnership, Investor Protection Trust, Med. Recipient Fraud Unit , Methwatch, Water Litigation Donations, Civil Litigation and Complex Criminal Litigation. Some if these funds are generated in an irregular basis as cases settle. While some years have been fruitful, other years do not produce any money. The office tries to balance the amounts carried forward to offset any year of reduced revenue. This year (2012), the office will pay the majority of its operating expenses out of these funds.
2	E20	South Carolina Office of the Attorney General	3037	Special Deposits	4818	\$369,564	\$1,842,615	20.1%	These funds support the Securities section. This section monitors, investigates, and prosecutes crime occurring in the securities industry in South Carolina. These funds originated in the first expansion year and are utilized in the replacement of equipment and other one-time expense. While this stream of revenue is secure, the magnitude of cases the securities section investigates and prosecutes are sometimes unknown requiring greater assets to gain the expected result. These carryforward amounts will be less each year until they are fully utilized.
3	E20	South Carolina Office of the Attorney General	3145	Bond Estreatment	7201	\$31,667	\$0	-	Bond Estreatment is money generated from forfeited bonds. It is not routine or regular in nature and supports the State Grand Jury Clerk of Court's office.
4	E20	South Carolina Office of the Attorney General	3354	Medicaid Fraud Settlement	5743	\$735,660	\$305,524	240.8%	These funds support the Medicaid Provider Fraud section and are, by Federal law, limited in use to matching and purchasing approved assets for the MCFU's programs.
5	E20	South Carolina Office of the Attorney General	3859	Securities Fines	5741	\$4,424,367	\$428,247	1033.1%	The collection of these funds is not routine and fully dependent on the outcome of prosecuted cases. The magnitude of cases the securities section investigates and prosecutes are sometimes unknown requiring greater assets to gain the expected result.

Agency Subfunds
Cash Balances and Disbursements

SC Office of the Attorney General
Name of Agency Contact: Tom Osmer
Contact's Phone Number: 803-734-3771
Contact's E-mail Address: tosmer@ag.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
6	E20	South Carolina Office of the Attorney General	3934	Drug Forfeitures	5802	\$230,404	\$42,896	537.1%	These funds, by law, may only be used for non-recurring drug related prosecutorial expense inside the State Grand Jury. The primary use is to replace equipment and purchase unique items that are needed for specific cases. The funding stream is not routine in nature and varies from year to year.
7	E20	South Carolina Office of the Attorney General	3972	Insurance Fraud Penalties	5742	\$81,935	\$30,482	268.8%	The Insurance Fraud section receives funding from penalties derived from settled cases. This source is not routine or regular in the generation of funds. These funds are used for Insurance Fraud enforcement.

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact David Ross
Contact Phone Number: 803-343-0765
Contact E-mail Address: dross@cpc.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	E21	SCCPC	3035	Operating Revenue	4722	Family & Circuit Court Filing Fees	SC Code Section 14-1-204 (B) (1)	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	Prosecution of Criminal Cases		\$50 filing fee paid for filing complaints or petitions	\$263,203
2	E21	SCCPC	3035		4001	Allocation for State Agencies						\$14,479
3	E21	SCCPC	3035	Operating Revenue	4813	Court Motions Fees	SC Code Section 8-21-320	Provides funding to the Third, Fourth & Eleventh Judicial Circuit Solicitors' Offices	To Fund Drug Court Programs		\$25 assessment for every motion made in the court of common pleas and family court	\$450,000
4	E21	SCCPC	3035	Operating Revenue	5750	Conviction Surcharge	SC Code Section 14-1-212	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	Prosecution of Criminal Cases		\$25 surcharge on all misdemeanor traffic offenses or non-traffic violations	\$3,551,125
5	E21	SCCPC	3035	Operating Revenue	5751	Drug Conviction Surcharge	SC Code Section 14-1-213	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	To Fund Drug Treatment Court Programs		\$100 surcharge on all drug convictions - 100% distributed to solicitors per capita used only for drug courts, for 2011-12 the surcharge increased to \$150	\$1,665,123
6	E21	SCCPC	3035	Operating Revenue	5760	Traffic Education Programs - Municipal	SC Code Section 17-22-350(C)	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	To Fund Traffic Education Programs		\$140 application fee - after 9.17% paid to county government balance paid to treasurer and 6.74% distributed to solicitors per capita	\$23,496
7	E21	SCCPC	3035	Operating Revenue	5767	Conditional Discharge - General Session	SC Code Section 44-53-450(C)	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	To Fund Drug Treatment Court Programs		\$350 fee - 100% distributed to solicitors per capita to be used only for drug courts	\$22,504
8	E21	SCCPC	3035	Operating Revenue	5768	Conditional Discharge - Magistrate	SC Code Section 44-53-450(C)	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	To Fund Drug Treatment Court Programs		\$150 fee - 100% distributed to solicitors per capita to be used only for drug courts	\$11,500
9	E21	SCCPC	3035	Operating Revenue	5769	Conditional Discharge- Municipal	SC Code Section 44-53-450(C)	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	To Fund Drug Treatment Court Programs		\$150 fee -100% distributed to solicitors per capita to be used only for drug courts	\$13,900
10	E21	SCCPC	39H2	Operating Revenue	7274	Increased Enforced Collections	Part 1B - Proviso 90.16	Provides funding to the Sixteen Judicial Circuit Solicitors' Offices	Part 1B - Proviso 90.16		Nonrecurring Revenue - Increased Enforcement Collections	\$1,000,000

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: David Ross
Contact's Phone Number: 803-343-0765
Contact's E-mail Address: dross@cpc.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E21	SCCPC	3035	Operating Revenue	4001 4722 4813 5750 5751 5759 5760 5767 5768 5769	\$713,533	\$5,313,669	13.4%	None
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Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Lisa Campbell
Contact Phone Number: Phone # 734-1168
Contact E-mail Address: E-mail lcampbell@sccid.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	E23	Indigent Defense	3035	Earmarked	4722	Court Fines and Surcharges	14-1-204	Operating	Appellate Defense Operations	14-1-204	\$25 surcharge on fines, fees imposed in General Sessions, Magistrate or Municipal Court for misdemeanor traffic offenses or for nontraffic violations	\$93,000
2	E23	Indigent Defense	3035	Earmarked	5701	Court Fees	14-1-204	Per Capita Distribution	Defense of Indigents Per Capita	14-2-204	Family & Circuit Court Filing Fee Increase	\$892,967
3	E23	Indigent Defense	3035	Earmarked	5750	Conviction Surcharge	14-1-212	Operating	Appellate Defense Operations	14-1-212	1% of Family & Circuit Court surcharge to agency.	\$191,941
7	E23	Indigent Defense	39H2	Non Recurring	7274	Increased Enfocement Collections	Proviso 90.16	Defense of Indigents	Defense of Indigents Per Capita		Proviso 90.16 Increased enforcement collections	\$1,000,000
9	E23	Indigent Defense	4313	Restricted	4539	Application Fee	Section 17-3-10;et.s	Public Defender Operations	Defense of Indigents Per Capita		\$40 waivable application fee for public defender representation collected by Clerk of Court or Indigency Screener	\$671,122
10	E23	Indigent Defense	4313	Restricted	5701	Court Fines, Fees, Assessments, Interest	Section 16-3-26(B)(2); 17-3-30; 17-3-50;	Fees and expenses fo	Death Penalty, Conflict Fund, Civil Appt Fund; Public Defender Operations	14-1-218	Fees imposed under Section 14-1-206©(4);14-1-207©(6);14-1-208©(6);Proviso 47.1; Proviso 47.12; 14-1-204 & 14-1-218	\$8,620,711
11	E23	Indigent Defense	4313	Restricted	5750	Probation Fee	47.9	Conflict Fund & Defense of Indigents Per Capita	Indigent Defense & Public Defender Operations		Persons placed on probation who are represented by a public defender or court appointed attorney.	\$1,927,710
12	E23	Indigent Defense	4313	Restricted	6601	Interest	17-3-30	Per Capita Distribution	All agency programs and activities		Interest paid on total revenue	\$71,039

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Lisa Campbell
Contact's Phone Number: 734-1168
Contact's E-mail Address: lcampbell@sccid.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
2	E23	Indigent Defense	3035	Operating Revenue	5701 4722 5750 5759 5760	\$303,362	\$952,600	31.8%	Balance reflcts carry forward of non recurring funding for prior years Carry forward balance is necessary to continue funding obligations in new fiscal year.
3	E23	Indigent Defense	3463	Proviso 89.112 FY 2009-10	7283	\$0		#DIV/0!	
4	E23	Indigent Defense	3634	Cap Res Fd Operating Appro	7236	\$0		#DIV/0!	
5	E230	Indigent Defense	3098	Donations	7604	\$1,217	\$0	#DIV/0!	Balance reflects carry forward of non recurring funding to be used for education.
	E230	Indigent Defense	4310	Def of Indigents Civil Act	4543 6601	\$8,609	\$0	0.0%	Civil Action Filing Fee (New Revenue for FY 2009/2010)
6	E23	Indigent Defense	4313	Indigent Def Services Fund	39 5701 5750 6601	\$ 2,162,928	\$10,588,735	20.4%	Revenue for programs funded from this source, including death penalty trial fund, criminal conflict fund, defense of indigents per capita, and in some years, civil appointment fund are not received until the end of the month in which they are collected. It is necessary to retain a carry forward balance greater than one-sixth to pay obligations in the interim. This balance also includes accumulated carry forward funding that will be used to offset budget cuts in these programs for FY09-10.
6	E23	Indigent Defense	39H2	Increased Enforced Collections		\$92,413	\$907,587	10.2%	Proviso 90.16 Nonrecurring revenue. Final collection disbursed in FY12

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Budget & Finance - Robin Hopkins
Contact Phone Number: (803) 806-2565
Contact E-mail Address: HopkinsRS@tag.scmd.state.sc.us

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	E24	Adjutant General	3035	Operating Revenue	7221	Misc Transfer - Other Funds						\$225,147
2	E24	Adjutant General	3035	Operating Revenue	7506	Other Operating Grants-Re	Proviso 78.2	Collect and retain grant funds.	Youth ChalleNGe	Proviso 78.2	Grant awards and contributions.	\$200,000
3	E24	Adjutant General	3164	Enterprise Operations	2822	Federal Operating Grants	Proviso 78.9			Proviso 78.9		\$495,611
4	E24	Adjutant General	3164	Enterprise Operations	7410	Rent-Cabins & Lodges	Proviso 78.9	Collect and retain revenue from Billeting Facility Operations.	To be expended for Billeting Facility Operations and in support of Armory maintenance or operations.	Proviso 78.9	Rental fees charged for billeting operations.	\$705,158
5	E24	Adjutant General	3164	Enterprise Operations	7805	Sale of Meals	Proviso 78.9	Collect and retain revenue from Dining Facility Operations.	To be expended for Dining Facility Operations and in support of Armory maintenance or operations.	Proviso 78.9	Charges for the sale of meals.	\$2,630,883
6	E24	Adjutant General	3165	Emergency Management Assistance	7506	Other Operating Grants - Restricted						\$385,186
7	E24	Adjutant General	3174	Unit Maintenance Fund	7221	Misc Transfer - Other Funds	Proviso 78.1			Proviso 78.1		\$1,200,000
8	E24	Adjutant General	3174	Unit Maintenance Fund	7403	Rent-State Owned Property	Provisos 78.2, 78.4, 78.5, 78.8, 78.13	Collect and retain revenue earned from various sources, predominantly armory rentals, parking lot rentals, and lease of the Combined Support Maintenance Shop.	Various revenue sources are authorized to be retained and expended for armory maintenance and operations and some are also authorized to be retained and expended for maintenance, renovation and construction of armory properties covered under the Federal Installation Stationing Plan.	Provisos 78.2, 78.4, 78.5, 78.8, 78.13	Rental fees and lease agreements.	\$378,822

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Budget & Finance - Robin Hopkins
Contact Phone Number: (803) 806-2565
Contact E-mail Address: HopkinsRS@tag.scmd.state.sc.us

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
9	E24	Adjutant General	3215	Fixed Nuclear Facilities	7506	Other Operating Grants - Restricted	Contractual Agreement	Revenues and expenses associated with the Fixed Nuclear Facility Program	Fixed Nuclear Facility, planning, preparedness and exercises associated with program	Contractual Agreement	The division prepares a budget submission annually according to the contractual agreement guidelines for review and approval by the facilities. Ending year balance is captured as part of the budget submission and funding support is reduced by the carry forward balance. Program is a zero based budget program providing personnel and operating expenses.	\$1,106,383
10	E24	Adjutant General	39H2	Increased Enforcement Collections	7274	Increased Enforcement Collections	FY2009-10 Proviso 90.16	Nonrecurring operating transfer	All SCMD operations	FY2009-10 Proviso 90.16		\$1,000,000

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Budget & Finance - Robin Hopkins
Contact's Phone Number: (803) 806-2565
Contact's E-mail Address: HopkinsRS@tag.scmd.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E24	Adjutant General	3035	Operating Revenue	3901 4829 4850 7201 7403 7506 7605	\$420,241	\$270,090	155.6%	Per Proviso 78.2 all revenues collected by the National Guard units from county and city appropriations, vending machines, rental of armories, court martial fines, federal reimbursements to armories for utility expenses, and other collections shall be retained and expended in its budgeted operations.
2	E24	Adjutant General	3160	Graniteville Train Wreck	7605	\$45,706	\$0	#DIV/0!	Revenue was collected from sources such as Norfolk Southern to reimburse parties involved in the response, containment, and cleanup of this disaster (Executive Order 2005-01).
3	E24	Adjutant General	3164	Enterprise Operations	7410 7805	\$685,241	\$2,824,678	24.3%	Per Proviso 78.9 all revenues collected by the Billiting and Dining Facility operations at the R. L. McCrady Training Center which makes up the Enterprise Operations shall be retained and expended not only for their own operations but in support of Armory maintenance or operations as well. These funds will also be used to pay back the \$2,500,000 loan as provided by Proviso 78.12.
	E24	Adjutant General	3165	Emergency Management Assistance		\$325,596	\$59,590	546.4%	
4	E24	Adjutant General	3174	Unit Maintenance Fund	2602 3801 5701 7201 7403	\$1,156,141	\$1,097,601	105.3%	Various revenue sources are authorized to be retained and expended for armory maintenance and operations (see Provisos 78.1, 78.2 and 78.5) and some are also authorized to be retained and expended for maintenance, renovation and construction of armory properties covered under the Federal Installation Stationing Plan. A portion of the funds will be used to pay back the \$2,500,000 loan as provided by Proviso 78.12.
5	E24	Adjutant General	3215	Fixed Nuclear Facilities	7506	\$289,616	\$1,046,203	27.7%	Program is self funded by the nuclear facilities. Revenue installments for continued financial support are not due until the end of September. The contract designates these funds specifically to support personnel and operating expenses under the contractual program.
6	E24	Adjutant General	34E4	Increased Enforcement Collection	3801 7283	\$303,300	\$21,661	1400.2%	Per Proviso 73.17, Increased Enforcement Colections, funds collected and deposited in such designated fund are authorized for specific programs.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Budget & Finance - Robin Hopkins
Contact's Phone Number: (803) 806-2565
Contact's E-mail Address: HopkinsRS@tag.scmd.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
7	E24	Adjutant General	3634	Capital Reserve Fund Operating Appropriations	2801 2822 3801 7236 7253 7263 7274	\$494,787	\$0	#DIV/0!	Per Joint Resolution monies available in the Capital Reserve Fund for fiscal year 2004-2005 were appropriated for the Youth ChalleNGe Program Maysville Project and Emergency Preparedness Federal Match. The Youth ChalleNGe Program has expended their funds, but funds remain for Emergency Preparedness.
8	E24	Adjutant General	3754	Insurance Reimbursement	7702	\$36,721	\$6,188	593.5%	Recent insurance claims to reimburse area of loss.
	E24	Adjutant General	39H2	Increased Enforcement Collection		\$1,000,000	\$0	#DIV/0!	
9	E24	Adjutant General	3958	Sale of Assets	7802	\$75,327	\$0	#DIV/0!	Majority of balance to be used to purchase like kind items. Sale of junk items to go to reimburse \$2,500,000 loan as provided by Proviso 78.12.
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Revenue Object Codes

Arrange in same order as ZGLA Revenue - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Janet Reynolds
Contact Phone Number: (803) 734-9069
Contact E-mail Address: jreynolds@elections.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	E28	SEC	3010	Health Insurance Premiums	7221	Misc Transfer; Other Funds	79.6	Agency directed to conduct the 2008 General Election	2008 General Election	79.6	Money received from Health Insurance Premiums from each agency to be used to offset the cost of the 2008 General Election.	\$0
2	E28	SEC	3035	Operating Revenue	3801, 4829, 4873	Prior Yr Adj, Misc. Rev, Misc. Transfer	79.6, 79.7	To provide training to county staff and board members, to collect filing fees for special and statewide elections.	Training, Special Primaries, and Statewide Primary/Runoff Elections	79.6, 79.7	County staff and board members pay \$20 per class to be trained and updated on election laws; candidates pay filing fees to help offset costs of the statewide primary/runoff elections.	\$27,213
3	E28	SEC	3181	Sale of Election List	3801, 7815, 7201, 7221, 7902, 7903	Prior yr adj.; misc rev; misc transfer; sale of election lists; adj to dep; returned checks	79.4	To provide of registered voters to candidates and other customers.	Sale of List	79.4	Candidates, salespersons, clerks of court, chief magistrates, municipal courts. Any registered voter in S. C. can request the information in various formats.	\$98,050
4	E28	SEC	34e4	Increased Enforcement Collections	7283	Primary 2006 Rev, Enforced Rev Collections	79.6	To provide funding for the 2006 Statewide Primaries/Runoff elections	2006 Statewide Primaries/Runoff Elections and Budget Recoupment Funds	79.6	Appropriated through Bernie Maybank funds.	\$0
5	E28	SEC	3634	CRF - 2006 General Election	7236	CRF - 2006 GE	79.6	To provide funding for 2006 General Election	Statewide General Elections	79.6	Capital Reserve Fund	\$0
6	E28	SEC	39h2	Increased Enforcement Collections	7274	2010 General Election Rev	79.6	To provide funding for 2010 General Election	Statewide General Elections	79.6	Increased Enforcement Collections	\$3,625,000

Agency Subfunds

Cash Balances and Disbursements from ZGLA Reports in SAP
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: SEC
Contact's Phone Number: (803)734-9069
Contact's E-mail Address: jreynolds@elections.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2009-10 Year End Cash Balance	FY 2009-10 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	E28	SEC	3010	Health Insurance Premiums	7221	\$0	\$507,853	0.0%	These funds were used for the 2010 statewide general election. Funds were received from each agency using one month's health insurance premiums to offset the cost of the election.
2	E28	SEC	3035	Operating Revenue	3801, 4829, 4873	\$73,874	\$380,527	19.4%	Filing fees are collected from candidates running in statewide primaries and are used within one year to offset the cost of the primaries. Training fees are collected from the counties to offset training costs, and special election filing fees are collected and used when vacancies occur which require a special election.
3	E28	SEC	3181	Sale of Election Lists	3801, 7815, 7201, 7221, 7902, 7903	\$140,650	\$92,308	152.4%	Sale of list funds are used to pay the State Budget and Control Board, Division of Operations, for the printing of such lists and to pay expenses for postage and shipment of the lists to electors who purchase them. These funds are also used to pay for voter registration system enhancements. Additionally, one part time and two full time positions are funded with the Sale of List program.
4	E28	SEC	39H2	Increased Enforcement Collections	7283	\$1,137,655	\$2,487,345	45.7%	Balance needs to be carried forward as per Proviso 79.6 which allows the agency to carry forward statewide primary and general election funds to be used for the same purpose.
5	E28	SEC	3634	Cap Res Fd Operating Appro	7236	\$0	\$0	#DIV/0!	Funds have been exhausted.

F030 – SC BUDGET AND CONTROL BOARD

Fund 3035 / Rev Object 4522

The Division of State Information Technology (DSIT) sets the direction for the state's use of technology and supports the provision, use and administration of information technology in government.

Fees are developed to recover the cost of providing services. While DSIT has hundreds of service fees to cover the numerous service options available to our customers, the most commonly billed service option fee amounts are shown here by major line of service. All DSIT services are available for purchased use by state agencies, county and local government entities, public libraries and school districts. All services may be procured from DSIT on a voluntary basis except where noted.

- Network Services *(Note: State agencies are required to use DSIT to either directly provide or contract for network services; all other customers use these services on a voluntary basis.)*
 - Local Telephone Services – Average station rate is \$13.68/month*
 - Long Distance Services - State government rate is \$0.024/minute *
 - Metro Ethernet – DSIT provided 10 MBPS Premium \$256.82/month
 - MPLS – Vendor provided 10 MBPS Premium \$2,624.16/month
 - Internet - DSIT provided per MB \$40.00/month
 - Cable Design, Installation and Management – \$60.00- \$90.00/hour

* As services transition to VoIP, local service fees will decline to an average of \$11.40/month and long distance will essentially be eliminated due to shared pool minutes.

F030 – SC BUDGET AND CONTROL BOARD

Subfund 3035 / Rev Object 4524

The Division of State Information Technology (DSIT) sets the direction for the state's use of technology and supports the provision, use and administration of information technology in government.

Fees are developed to recover the cost of providing services. While DSIT has hundreds of service fees to cover the numerous service options available to our customers, the most commonly billed service option fee amounts are shown here by major line of service. All DSIT services are available for purchased use by state agencies, county and local government entities, public libraries and school districts. All services may be procured from DSIT on a voluntary basis except where noted.

- Computing Services - Enterprise
 - UNIX Hourly Rate – \$74.00/hour
 - Email - \$6.75/user/month
 - Storage (SAN) - \$3.15/gigabyte/month
 - MS Server Management - \$482.00/month/device
- Print and Mail Services
 - Laser Print – Class 2 medium speed, \$0.05/page; class 4, high speed \$0.06/page
 - Design Services – \$64.24/hour

F030 – SC BUDGET AND CONTROL BOARD

Subfund 3035 / Rev Object 7803

The Division of State Information Technology (DSIT) sets the direction for the state's use of technology and supports the provision, use and administration of information technology in government.

Fees are developed to recover the cost of providing services. While DSIT has hundreds of service fees to cover the numerous service options available to our customers, the most commonly billed service option fee amounts are shown here by major line of service. All DSIT services are available for purchased use by state agencies, county and local government entities, public libraries and school districts. All services may be procured from DSIT on a voluntary basis except where noted.

- Security, Policy and Assessment
 - Security Monitoring – \$76.22/hour
 - Risk Assessment –\$76.22/hour
- Information Technical Services and Support (ITSS)
 - Service Center Support – Service Center Tier 1 - \$43.88/hour

Subfund 3067/Revenue Object Code 7221

State Surplus Property Fee Schedule

Based on 1976 Code Section 11-35-3810 (as amended). Final Regulations R.19-445.2150-E were adopted on March 26, 1999.

"The State Surplus Property Management Program will operate solely from service charges retained from the sale of surplus property. The Board shall establish a fee schedule sufficient to fund all program costs and it shall be reviewed by the board as required to ensure the adequacy and equity of the program."

Schedule A

First \$175 (was \$100) of sale. Property of original purchase value of \$5,000 or above. (Vehicles, boats, tractor, and other equipment). Items sold at auction for \$1,750 or less use schedule A, if it is sold for more than \$1,750 then the 10% charge is applied.

Schedule B

First \$45 (was \$20) of sale. Property with original value of less than \$5,000. (Furniture, office equipment, food service equipment, lawn mowers). Items sold at auction for \$450 or less use schedule B, if it is sold for more than \$450 then the 10% charge is applied.

Schedule C

First \$20 of sale. Expendable supplies. (Paper, office supplies, custodial supplies, hardware).

Schedule D

2% of sale. Confiscated property.

Schedule E

Special Public Sales. Service charges shall be 5% of the first \$250,000 of sale proceeds, plus expenses. Items included under Special Sale: Airplanes, ships, computer and related high tech equipment or any item which would require a public sale solicitation from a highly specialized market, or whose unit acquisition cost exceeds \$25,000. Schedule E may also be used to recoup additional costs incurred by SPO and or to more equally return money to Agencies as the Surplus Property manager deems appropriate.

Subfund 3124/Revenue Object 7803

Steam and Gas Formula Summary Sheet

Energy Facility Cost for Generating Steam and Chilled Water

Steam Formula

$(\$24.74 \times \text{Number of Hours}) + \text{Cost of oil} + \text{Cost of gas} = \text{E.F. Cost}$

Chilled Water Formula

$(\$8.00 \times \text{Number of Hours}) + \text{Cost of Electricity} = \text{E.F. Cost}$

In each of the above cases, individual building costs can be determined by multiplying the Energy Facility cost by a decimal factor, arrived at by considering the ratio of square footage in each building against the total square footage of all buildings served by the Energy Facility. The cost of operating the machinery in each building must then be added to the building share of the Energy Facility cost to determine total cost for heating or air conditioning in the building concerned.

Energy Facility Cost For Steam and Chilled Water

The following formulas are used for determining Energy Facility costs for producing steam and chilled water for the Capitol complex (including the Highway Department).

Steam

$(\text{Hourly rate} \times \text{number of hours}) + (\text{Cost of oil} + \text{Cost of gas}) = \text{EF Cost}$

Hourly rate is determined as follows:

Supervisor labor (35% of Anslow's hourly rate + 45%)	\$ 6.35
Labor (Average of other boiler personnel's hourly rate + 45%)	\$ 9.89
Chemicals	\$ 0.75
Maintenance	\$ 0.75
Capital Recovery	\$ 7.00
	<hr/>
	\$ 24.74

Example

Assume 200 hours operation

Assume \$2,000 oil cost

Assume \$6,000 gas cost

Then:

$424.74 \times 200) + (\$2,000 + \$6,000) = \$12,948.00$

Subfund 3124/Revenue Object 7803

Steam and Gas Formula Summary Sheet

The Energy Facility cost can then be multiplied by a decimal factor determined by dividing the square footage of each building by the total square footage of all buildings provided steam to determine each building's share of Energy Facility cost. These decimal factors are:

Wade Hampton	.0914	Brown	.1268
Calhoun	.0734	Blatt	.1268
Supreme Court	.0374	Gressette	.0676
Sumter Street	.0238	Dennis	.1957
State House	.0588	Highway Dept.	.1983

In the above example, each building's share of the Energy Facility cost would be determined by multiplying \$12,948.00 by the appropriate decimal factor.

Wade Hampton	$\$12,948.00 \times .0914 =$	\$1,183.45
Calhoun	$\$12,948.00 \times .0734 =$	\$ 950.35
Supreme Court	$\$12,948.00 \times .0374 =$	\$ 484.26
Sumter Street	$\$12,948.00 \times .0238 =$	\$ 308.16
State House	$\$12,948.00 \times .0588 =$	\$ 761.34
Brown	$\$12,948.00 \times .1268 =$	\$1,641.81
Blatt	$\$12,948.00 \times .1268 =$	\$1,641.81
Gressette	$\$12,948.00 \times .0676 =$	\$ 875.28
Dennis	$\$12,948.00 \times .1957 =$	\$2,533.92
Highway Dept.	$\$12,948.00 \times .1983 =$	\$ 308.22

Chilled Water

$(\$8.00 \times \text{number of hours}) + \text{Cost of electricity} = \text{E.F. Cost}$

(In the above formula, \$8.00 per hour is for Capital Recovery)

Example:

Assume 150 hours of operation

Assume \$7,500 - cost of electricity

Then:

$$(\$8.00 \times 150) = \$7,500 = \$8,700$$

For air conditioning we use a different set of decimal factors for determining each building's share of the cost, because the Energy Facility does not supply the Sumter Street building with chilled water, but does provide it with steam.

Wade Hampton	.0935	Blatt	.1299
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Subfund 3124/Revenue Object 7803

Steam and Gas Formula Summary Sheet

Calhoun	.0755	Gressette	.0692
Supreme Court	.0383	Dennis	.2005
State House	.0601	Highway Dept.	.2031
Brown	.1299		

In the above example, each building's share of the Energy Facility cost would be determined by multiplying \$8,700.00 by the appropriate decimal factor.

Wade Hampton	$\$8,700 \times .0935 = \$ 813.45$
Calhoun	$\$8,700 \times .0755 = \$ 656.85$
Supreme Court	$\$8,700 \times .0383 = \$ 333.21$
State House	$\$8,700 \times .0601 = \$ 522.87$
Brown	$\$8,700 \times .1299 = \$1,130.13$
Blatt	$\$8,700 \times .1299 = \$1,130.13$
Gressette	$\$8,700 \times .0692 = \$ 602.04$
Dennis	$\$8,700 \times .2005 = \$1,744.35$
Highway Dept.	$\$8,700 \times .2031 = \$1,766.97$

In each of the above examples, the cost of running machinery in the building concerned must be added to the building share of Energy Facility cost to determine the total cost of heating or air conditioning the building

Note: We can never determine actual costs of heating or air conditioning until after we receive the gas or electric bill, as appropriate, for the billing period in question. Neither can we forecast, with any high degree of accuracy, what temperature and humidity conditions, wind chill factors, etc. will pertain at any future date.

Therefore, any estimate we give may have to be adjusted up or down, depending upon actual weather conditions on the day or during the period in question.

Subfund 3197/Revenue Object 7405

Motor Pool (Short-Term) Lease Rates

Vehicle Type	Daily	Per Mile
Full-size Sedan	\$20	0.17
Intermed. Sedan	\$17	0.16
Compact Sedan	\$14	0.15
Intermed. Station Wagon	\$17	0.16
Comp. Station Wagon	\$17	0.15
Full-size Van	\$18	0.21
Mini-Van	\$13	0.17

Subfund 3197/Revenue Object 7405
Long-Term Lease Rates
2012 Model Year

Vehicle Class	Standard		Special Use	
	Monthly Rate	Mileage Rate	Monthly Rate	Mileage Rate
Compact Sedan	\$ 269	\$ 0.13	*	*
Intermediate Sedan	\$ 323	\$ 0.17	*	*
Intermediate Police Sedan	\$ 421	\$ 0.20	*	*
Full size Police Sedan	\$ 510	\$ 0.22	*	*
Compact Crossover	\$ 351	\$ 0.15	*	*
Minivan	\$ 372	\$ 0.16	*	*
Mini Cargo Van	\$ 258	\$ 0.20	\$ 208	\$ 0.20
15 Passenger Van	\$ 351	\$ 0.22	\$ 247	\$ 0.22
3/4 ton Cargo Van	\$ 241	\$ 0.25	\$ 195	\$ 0.25
Compact Utility 4x4	\$ 389	\$ 0.20	*	*
Intermediate Utility 4x2	\$ 397	\$ 0.19	*	*
Intermediate Utility 4x4	\$ 433	\$ 0.20	*	*
Full Size Utility 4x2, 4x4	\$ 389	\$ 0.26	\$ 272	\$ 0.26
Compact Pickup	\$ 279	\$ 0.18	\$ 199	\$ 0.02
1/2 ton Pickup 4x2	\$ 301	\$ 0.20	\$ 214	\$ 0.20
1/2 ton Pickup 4x4	\$ 372	\$ 0.22	\$ 262	\$ 0.22
3/4 ton Pickup 4x2	\$ 290	\$ 0.24	\$ 207	\$ 0.24
3/4 ton Pickup 4x4	\$ 360	\$ 0.27	\$ 253	\$ 0.27
High Cube Van <12,000 GVW	\$	\$	*	*
Handicap Van (Contact out for bid)	\$ 522	\$ 0.39	\$ 393	\$ 0.39
Mini Bus	\$ 418	\$ 0.33	\$ 312	\$ 0.33

Base rates may vary slightly from the prices above because it is calculated from actual cost.

* SFM does not offer these types of vehicles on the Special Use Rate.

§ Contact State Fleet for a price quote on these types of vehicles.

Subfund 4190 / 7817		
State Surplus Property - Federal Fee Schedule 11-09		
A	B	C
Percent of A/C	Acquisition Cost	Service Range
0 - 50%	0 - \$10	0 - \$5
0 - 40%	\$10 - \$100	0 - \$40
0 - 30%	\$100 - \$200	0 - \$60
0 - 25%	\$200 - \$1,500	0 - \$375
0 - 10%	\$1,500 - \$5,000	0 - \$500
0 - 5%	\$5,000 - \$20,000	0 - \$1,000
0 - 3%	\$20,000 - \$50,000	0 - 1,050
0 - 1%	\$50,000 - \$100,000	0 - \$1,000
Open	Over \$100,000	Negotiable

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jason Epting
Contact Phone Number: 737-3061
Contact E-mail Address: jason@io.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
F03	BCB	3035	Operating Revenue	3801	REFUND PRIOR YEAR EXPENDITURES	Section 1-11-335	To record revenue for refund of prior year expense.	DSIT	Section 1-11-335	Refunds from vendors for credits or incorrect charges reflected on invoices paid in previous years.	26,359.81
F03	BCB	3035	Operating Revenue	4522	TELECOMMUNICATIO NS ENG & OPNS SERV	Section 1-11-335 Section 1-11-430. Section 8-21-15	To record telecommunications revenues	Operations	Section 1-11-335	Revenues generated from the sale of telecommunication services to other state agencies. Fees are set on a per port rate for phones and per minute long distance usage. This service was privatized in FY2009 via the Voice over Internet Protocol contract. See attachment for additional information.	14,534,439.06
F03	BCB	3035	Operating Revenue	4524	DATA PROCESSING SERVICES REVENUE	Section 1-11-335 Section 1-11-430 Section 8-21-15	To record data processing services revenues	Div of State IT - Operations and IT Planning	Section 1-11-335	DSIT revenue is generated from the sale of data processing services to state agencies. This includes main frame applications, server applications, application development, security, disaster recovery, etc. Rates are based on usage. See attachment for additional information.	19,212,438.48
F03	BCB	3035	Operating Revenue	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	2009 Act 23, Part IB, 80A.48 & 2010 Act 291, Part IB, 80A.38 Section 1-11-335	Transfer of revenue from various subfunds and external sources. To allow the agency to pay salaries, fringe and other operating expenses for programs.	DSIT	1-11-335	Transfer of revenue from various subfunds and sources including transfers in from depreciation reserve (3081) to replace assets and transfers of IT procurement revenue to support the IT planning function within DSIT. Negative balance results from transfers to SCEIS to maintain operations.	(1,243,161.11)
F03	BCB	3035	Operating Revenue	7412	LEASE-LOTS AND FACILITIES	Section 1-11-335 2010 Act 291, Part IB, 80A.4 2011 Act 73, Part IB, 80A.4	To record revenue from the lease of lots and facilities (microwave towers)	DSIT - Operations	Section 1-11-335 2010 Act 291, Part IB, 80A.4 2011 Act 73, Part IB, 80A.4	Revenues generated from leasing excess capacity on Wireless Communications towers to Private Sector entities.	153,501.82
F03	BCB	3035	Operating Revenue	7803	SALE OF SERVICES	Section 1-11-335 SC Code § 11-53-10; 11-53-20	To record telecommunications revenues, SCEIS one-time implementation revenue, and other DSIT service revenue.	Support Services, SCEIS, Operations and IT Planning	Section 1-11-335	Fees from contracts with state agencies for telecommunications and/or other DSIT services/projects. See attachment for additional Information .	1,206,194.66

Revenue Object Codes

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F03	BCB	3035	Operating Revenue	7825	COMMISSION - VENDING MACHINES, TELEPHONE AND PROCUREMENT CONTRACTS	Section 1-11-335	To record revenue from the commissions on telephones.	Support Services	Section 1-11-335	Revenues generated from the administrative fee for contractual services with external vendors who provide telecommunications services to State agencies.	155,944.79
F03	BCB	3035	Operating Revenue	7861	SALE OF INVENTORY	Section 1-11-335 Section 1-11-430. Section 8-21-15	To record telecommunications revenues	DSIT	Section 1-11-335	Revenues generated from the sales of inventory and associated technician's time for telecommunications related DSIT services/projects.	461,600.59
F03	BCB	3037	Special Deposits	4522	TELECOMMUNICATIONS ENG & OPNS SERV	Section 1-11-335 SC Code § 11-53-10; 11-53-20	To record revenue for SCEIS one-time implementation costs.	SCEIS / 800 MHz / Rebanding	Section 1-11-335	Revenues are generated from Dept of Transportation for SCEIS one-time implementation costs (\$4.5M). Implementation charges are based on actual consultant costs directly associated with implementation. This line also includes revenue from software licensing rebillings to downstream customers. This line also includes revenue from contracts with private sector to reband state's 800 MHz radio infrastructure. DSIT is projected to receive approx. \$3.9M over the course of the contract. \$1.9M of the \$6.6M in revenue received in FY11 relates to the rebanding contract.	6,629,324.44
F03	BCB	3037	Special Deposits	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Section 1-11-335 2010 Act 291, Part IB, Proviso 80A.38 and 89.87	To record SCEIS Master Lease Proceeds and Operating Transfers	SCEIS	Section 1-11-335	Revenues are generated from transfers in from various subfunds for operating costs associated with SCEIS. Negative balance results from repayment of Rural Infrastructure Bank Trust fund for funds transferred in at the end of FY 2010.	(4,784,956.03)
F03	BCB	3037	Special Deposits	7412	LEASE-LOTS AND FACILITIES	Section 1-11-335 2010 Act 291, Part IB, 80A.4 2011 Act 73, Part IB, 80A.4	To record revenue from the lease of lots and facilities (microwave towers)	DSIT - Operations	Section 1-11-335 2010 Act 291, Part IB, 80A.4 2011 Act 73, Part IB, 80A.4	Revenues generated from leasing excess capacity on Wireless Communications towers to Private Sector entities.	164,320.00
F03	BCB	3037	Special Deposits	7803	SALE OF SERVICES	Section 1-11-335 SC Code § 11-53-10; 11-53-20	To record revenue for SCEIS one-time implementation costs.	SCEIS	Section 1-11-335	Revenue generated from Dept of Health & Environmental control for SCEIS one-time implementation costs. Implementation charges are based on actual consultant costs directly associated with implementation.	300,000.00
F03	BCB	3067	General Services Revenue	3801	REFUND PRIOR YEAR EXPENDITURES	Section 1-11-335	To record revenue for refund of prior year expense.	OGS	Section 1-11-335	Reimbursement of prior year expenses for restitution per court order and refunds from vendors for prior year expenses.	(16,736.50)
F03	BCB	3067	General Services Revenue	4505	PARKING FEE	Section 10-1-200	To record revenue from parking on State owned property.	Business Operations-Parking	10-1-200, 1-11-335	Revenues generated from \$10.00 per month per space fee charged to members of the General Assembly, state employees, state agencies and news media.	235,982.50
F03	BCB	3067	General Services Revenue	4519	AGENCY RENOVATION REVENUE	Sections 1-11-335 and 1-11-67	To record revenue to be used to fund requested renovation projects.	Facilities Management-Agency Renov	1-11-335, 1-11-67	Revenues generated from State agencies for the costs of renovations which includes materials, labor and overhead.	227,484.76
F03	BCB	3067	General Services Revenue	4524	DATA PROCESSING SERVICES REVENUE	Section 1-11-335	To record data processing services revenues	Div. of General Services - Business Operations-Management Information Section	Section 1-11-335	Division of General Services' revenue is generated from fees per computer (\$1,707) charged to Board Offices for communications, desktop, web, database, application support and consultation services.	349,268.34

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
F03	BCB	3067	General Services Revenue	4525	PRINT SHOP REVENUE	Section 1-11-335	To record revenue from print shop services	Business Operations- Print Shop	1-11-335	Revenues generated from fees on a per job basis charged to state agencies, counties, cities and school districts for print shop services. These services include graphic design, offset printing, copying and binding. The basic unit used is number of sheets ordered with volume discounts. Note: Print Shop was closed in June of Fiscal Year 2010.	(1,817.42)
F03	BCB	3067	General Services Revenue	4526	INTRA-STATE MAIL SERVICES	Section 1-11-335	To record revenues received for intra-state mail services	Agency Mail	1-11-335	Revenues generated from mail services provided to state agencies and local governments. First class \$1.25 per pound/Fourth class \$.60 per pound. First class lab \$1.25 per pound.	1,227,006.82
F03	BCB	3067	General Services Revenue	7201	MISCELLANEOUS REVENUE	Section 1-11-335	To record revenues from engineering services.	Div. of General Services - Construction & Planning	1-11-335	Fees for management of construction projects for other state agencies are \$55.00 per hour.	231,061.40
F03	BCB	3067	General Services Revenue	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Sections 1-11-335 and 1-11-67	To record operating cash transfers in from other funds	Facilities Management	1-11-335, 1-11-67	Revenues generated from transfers from the other revenue accounts. Revenue is generated from rents, sales of services/goods, or contractual agreements from other state agencies. See attachment for additional information.	21,337,955.54
F03	BCB	3067	General Services Revenue	7803	SALE OF SERVICES	Sections 1-11-335 and 1-11-67	To record revenue for services provided.	Div. of General Services - Facilities Management	1-11-335, 1-11-67	Reimbursements for maintenance and operational costs of the State House, Capitol Complex and Governor's Mansion Complex and other services not classified elsewhere.	1,671,908.97
F03	BCB	3081	Depreciation Reserve	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Section 1-11-335 Section 1-11-67 Section 8-21-15	To record operating cash transfers in from other funds	DSIT - Operations	Sections 1-11-335 and 1-11-67	Revenues transferred from other revenue accounts based on depreciation schedules to fund replacement of assets. Funds are transferred to operating accounts and expended for asset replacement.	(1,300,000.00)
F03	BCB	3124	Rent - State Owned Real Property	7403	RENT STATE OWNED PROPERTY	Sections 1-11-335 and 1-11-67	To record revenue from rent of state owned buildings/property	Div. of General Services - Facilities Management	1-11-335, 1-11-67	Revenues generated from state agencies for rent of state owned buildings. Office I space at \$11.29 per square foot, Office II space at \$9.10 and Warehouse space at \$3.40. Rates have remained constant since FY 98.	24,058,473.54
F03	BCB	3124	Rent - State Owned Real Property	7803	SALE OF SERVICES	Section 1-11-335	To record revenues from the sale of chilled water/steam	Div. of General Services - Facilities Management	1-11-335	Revenue generated for the sale of chilled water/steam based on a formula of capital recovery cost times the number of hours the chillers operated plus the cost of electricity/gas. See attachment for additional information.	570,433.79
F03	BCB	3149	Maint Repair Renov - Non-cap	4520	REIMB RENOV PROJECTS	Section 1-11-335	To record revenues for renovation projects	Facilities Management- Construction & Planning GS Projects	1-11-335	Revenues per contractual agreements with state agencies for renovation projects. Fees include materials, labor and overhead.	807,044.97
F03	BCB	3149	Maint Repair Renov - Non-cap	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Sections 1-11-335 and 1-11-67	To record operating cash transfers in from other funds	General Services Facilities Management- Construction & Planning GS Projects	Sections 1-11-335 and 1-11-67	To record revenue being transferred within General Services to fund General Services Depreciation Reserve projects. These funds are committed to an established project.	1,626,742.02
F03	BCB	3184	Earned Fund	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Section 23-47-65	To record operating cash transfers in from other funds	Research & Stats - General Operating expenses for the office	Section 1-11-50	Revenues generated from a 2% administrative fee on the E911 account funded by private phone providers from E911 fees on phone bills.	583,649.20
F03	BCB	3184	Earned Fund	7803	SALE OF SERVICES	Section 27-2-10 et seq.	To record revenue for services provided	Research & Stats - General Operating expenses for the office	Section 1-11-50	Revenues are generated through subscription service to Virtual Reference System (\$600 annual subscription) and contracts for sale of election district maps, orthophotography, and general geodetic survey maps to all levels of government and private sector entities.	459,097.34

Revenue Object Codes

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F03	BCB	3185	Health Sys & Planning	7803	SALE OF SERVICES	Section 1-11-335	To record revenue for services provided	Research & Stats - General Operating expenses for the office	Section 1-11-50	Revenues are generated sales of statistical, development, and consultative services in the area of health and human services either via a contract or a per request basis to both private and public sector entities. Most comes from partnerships for either data linkage projects, acting as a partner's statistical unit or the development of web applications. Fees based on data (\$1.25 per 1,000 records) and hours (\$75 per hour) needed for request.	2,308,261.50
F03	BCB	3197	Motor Pool	4883	ADMIN. CONTRACT FEE	Sections 1-11-335 and 1-11-225	To record revenue to recapture regulatory cost for services rendered by SFM	State Fleet Management-Analysis & Compliance	1-11-335, 1-11-225	Revenues generated through the SFM Fuel Card Program. Customers of the fuel card program include state agencies, city and county governments, and local government entities. SFM receives \$0.06/gallon from the fuel system vendor to provide regulatory services to the fleet. SFM also receives an additional \$0.03/gallon from on-site fueling to be used for fuel site upgrades.	1,701,547.00
F03	BCB	3197	Motor Pool	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Sections 1-11-335 and 1-11-225	To record operating cash transfers in from other funds	General Services State Fleet Management	Sections 1-11-335 and 1-11-225	Revenue is net of transfers in/out for the funding of the various SFM/OGS teams, such as vehicle depreciation, CVRP (Commercial Vendor Repair Program), Safety and Information Services. Includes \$1.4M SCEIS flexibility transfer to maintain critical operations.	(5,297,318.01)
F03	BCB	3197	Motor Pool	7405	MOTOR VEHICLE RENTALS	Sections 1-11-335, 1-11-225, & 1-11-280	To record revenues from rental/lease of motor vehicles	State Fleet Management-Lease Fleet	1-11-335, 1-11-225, 1-11-280	Revenues generated from state agencies, counties and municipalities for rental charges for use of vehicles through the SFM Lease Program. Rates for vehicles are comprised of a flat monthly rate plus a mileage rate. Rates vary depending upon vehicle type. See attachment for additional information.	20,562,567.30
F03	BCB	3197	Motor Pool	7702	INSURANCE CLAIM PROCEEDS	Sections 1-11-335, 1-11-225, and 1-11-340 2010 Act 291, Part IB, 89.61 2011 Act 73, Part IB, 89.57	To record proceeds from insurance claims	State Fleet Management-Lease Fleet	Sections 1-11-335, 1-11-225, and 1-11-340 2010 Act 291, Part IB, 89.61 2011 Act 73, Part IB, 89.57	Revenues generated from insurance subrogation claims filed by SFM against insurance companies representing "At Fault" drivers. Funds are also received from Accident Review Board Assessments up to \$200 per incident for 'At Fault' drivers of state owned vehicles.	261,706.94
F03	BCB	3197	Motor Pool	7803	SALE OF SERVICES	Sections 1-11-335 and 1-11- 225	To record revenues from sale of State Fleet maintenance services	State Fleet Management	1-11-335, 1-11-225	Revenues are generated from State Agencies, Counties and Municipalities for provision of vehicle maintenance. Labor is charged at a rate of \$54.50 per hour, parts at cost plus 25% and tires at cost plus 10%.	533,072.00
F03	BCB	3212	Training Session Fees	4829	TRAINING CONFERENCE REGISTRATION FEE	Section 8-11-230	To record revenues for registration fees at training conferences, seminars or workshops	Division of Human Resources Training and Development Program	Section 1-11-335	Revenues are generated from state agencies for training. The training courses offered for state of South Carolina supervisors and professional/technical staff range from \$140 for a 6 hour course to \$300 for a 26 hour course.	48,805.00
F03	BCB	3212	Training Session Fees	7803	SALE OF SERVICES	Section 8-11-230	To record revenues for services which include customized professional state employee training and leadership development programs as well as organization development and process improvement consultation	Training and Development Program	Section 1-11-335	Revenues generated from State Agencies for training. Registration fees charged for the South Carolina Certified Public Manager (CPM) Program which is a nationally accredited management development program for managers and supervisors in South Carolina state government is \$2,150 for 300 hours over 18months. HRD will deliver its training courses customized for a specific agency or provide organization development services to meet a specific agency's need. The costs of these customized courses or services varies depending on several factors, including the amount of customization required or the number of participants in a course. Every three years HRD is required to conduct an agency head salary survey. Due to its complexity, the survey is conducted by a private vendor. The revenue and costs are flow through funds in this account.	101,165.72

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F03	BCB	3234	Dep Res OGS	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Sections 1-11-335 and 1-11- 225	To allow agency to fund projects	General Services Facilities Management	Sections 1-11-335 and 1-11-67	Revenue is allocated to fund Depreciation Reserve Account . Funded by S/F 3124.	1,319,403.59
F03	BCB	3234	Dep Res OGS	7231	INSURANCE RESERVE FUND TRANSFER	2010 Act 291, Part IB, 89.61 2011 Act 73, Part IB, 89.57	To record proceeds from insurance claims	General Services - Facilities Management	2010 Act 291, Part IB, 89.61 2011 Act 73, Part IB, 89.57	Revenues generated from Insurance Reserve Fund claims.	250,257.14
F03	BCB	3323	K-12 School Technology	4522	TELECOMMUNICATIO NS ENG & OPNS SERV	Section 1-11-335 Section 1-11-430. Section 8-21-15	This account is used to fund the on-going operations of DSIT Network Services for K12 Schools and Libraries.	DSIT	Section 1-11-335	Fees are charged to schools and libraries as reimbursement for Internet services provided in excess of those expenses funded through the K-12 Technology Initiative (2010 Act 291, Part IB, 89.33 & 2011 Act 73, Part IB, 89.32).	828,014.15
F03	BCB	3323	K-12 School Technology	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Section 1-11-335 Section 1-11-430. Section 8-21-15	Transfer of K12 Ethernet Billed Revenue from/to Subfund 3035. This account is used to fund the on-going operations of DSIT Network Services for K12 Schools and Libraries.	DSIT	Section 1-11-335	Fees are charged to schools and libraries as reimbursement for Internet services provided in excess of those expenses funded through the K-12 Technology Initiative. Funds are transferred to projects established in fund 3035 and any remaining funds are returned to fund 3323 after project completion (2010 Act 291, Part IB, 89.33 & 2011 Act 73, Part IB, 89.32).	(716,907.00)
F03	BCB	3329	Public Ed E-Rate Disc	4522	TELECOMMUNICATIO NS ENG & OPNS SERV	47 CFR § 54.519 - Universal Service Support for School and Libraries - describes the allowable expenditures needed to receive E-Rate discounts for state networks. In SC, these discount refunds have been programmed into the K-12 School Technology Initiative - 2010 Act 291, Part IB, 89.33 2011 Act 73, Part IB, 89.32	To record revenue for telecommunications engineering and operations services	K12 School Technology	2010 Act 291, Part IB, 89.33 2011 Act 73, Part IB, 89.32	Revenues generated from private telecommunications providers from Universal Service Support fee on phone bills. These funds are pursuant to federal law and are used to offset the cost of network connectivity to the K-12 schools and public libraries. Revenues no longer entered into this revenue object code. They are currently being recorded to revenue object code 7202.	1,907.68

Revenue Object Codes

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F03	BCB	3329	Public Ed E-Rate Disc	7202	PUBLIC ED E-RATE DISCOUNT REBATE	47 CFR § 54.519 - Universal Service Support for School and Libraries - describes the allowable expenditures needed to receive E-Rate discounts for state networks. In SC, these discount refunds have been programmed into the K-12 School Technology Initiative - 2010 Act 291, Part IB, 89.33 2011 Act 73, Part IB, 89.32	To record revenue from Universal Service Fees received from telecommunications providers.	K12 School Technology	2010 Act 291, Part IB, 89.33 2011 Act 73, Part IB, 89.32	Revenues are generated from private telecommunications providers from the Universal Service Support fee on telephone bills. These funds are collected pursuant to federal law and are used to offset the cost of network connectivity to the K-12 schools and public libraries.	16,041,686.11
F03	BCB	3329	K-12 School Tech E-Rate	7412	LEASE-LOTS AND FACILITIES	47 CFR § 54.519 - Universal Service Support for School and Libraries - describes the allowable expenditures needed to receive E-Rate discounts for state networks. In SC, these discount refunds have been programmed into the K-12 School Technology Initiative - 2010 Act 291, Part IB, 89.33 2011 Act 73, Part IB, 89.32	To record revenue from Universal Service Fees received from telecommunications providers.	K12 School Technology	2010 Act 291, Part IB, 89.33 2011 Act 73, Part IB, 89.32	Revenues are generated from private telecommunications providers from the Universal Service Support fee on telephone bills. These funds are collected pursuant to federal law and are used to offset the cost of network connectivity to the K-12 schools and public libraries.	277,635.43
F03	BCB	3417	Special Operating	4001	ALLOCATION-STATE AGENCIES	Section 1-11-335	To record revenues from cost allocations within the Board from Other revenue funds	Office of Internal Operations, Agency Support, Office of Executive Director, and Internal Audit Services	1-11-335	Revenues generated from Board Offices that are charged fees for their allocated costs of agency administration. Fees are allocated based on filled revenue funded FTE's, transaction counts and budgeted funds.	3,251,333.00
F03	BCB	3417	Special Operations	5743	OTHER PENALTIES COST & SETTLEMENTS	N/A	To record lawsuit settlements and other penalties	N/A	N/A	Contract #04-S6293-A10378 - Lawsuit settlement with private vendor on state term contract for over charges. Agency is not authorized to retain funds, balance of funds after reduction for audit costs - \$879,260 was remitted to the general fund in fiscal year 2011.	900,000.00
F03	BCB	3417	Special Operating	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Section 1-11-335	To record operating cash transfers in from other funds	General Fund of State Procurement Services	1-11-335	Transfer out procurement contract revenue to support IT Planning function \$350K. Transfer out cash carryforward balances (\$1.5M) in accordance with 2010 Act 291, 80A.38 to SCEIS to maintain critical operations as a result of insufficient funding in FY 2011. Also includes a transfer out to the general fund \$879K for lawsuit settlement funds received that the agency was not authorized to retain.	(2,730,044.68)
F03	BCB	3417	Special Operating	7234	PURCHASING CARD REBATE	2009 Act 23, Part IB, 89.82 & 2010 Act 291, Part IB, 89.75 2011 Act 73, Part IB, 89.70	To allow the office to retain and expend rebate premiums received from the Purchase Card Program.	Unfunded Requirements & Assistance to Other Agencies	2010 Act 291, Part IB, 89.75 2011 Act 73, Part IB, 89.70	Funds are received from the Bank of America and distributed to state agencies participating in the Bank of America Corporate Purchase Card Agreement according to the methodology established in the state contract.	57,644.14

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jason Epting
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
F03	BCB	3417	Special Operating	7702	INSURANCE CLAIMS	2010 Act 291, Part IB, 89.61 2011 Act 73, Part IB, 89.57	To record proceeds from insurance claims	Multiple Divisions supported by fund 3417	2011 Act 73, Part IB, 89.57	Revenues generated from Insurance Reserve Fund claims.	103,876.00
F03	BCB	3417	Special Operating	7803	SALE OF SERVICES	Sections 48-46-60 (B) and 46-3-260 Sections 1-11-335, 11-35-1580 and 11-35-4860	To record revenues from the surcharge on waste received at Barnwell site and revenue associated with administrative fees on state contract procurements and other services provided	Radioactive Waste Disposal Program, SC Renewable Infrastructure Development Fund Procurement Services Research & Statistics Office of General Counsel	Section 48-46-60(B) Section 1-11-335 Section 1-11-50	Revenues generated (3K) pursuant to 48-46-60(B) which specifies that Board expenditures be paid through a surcharge on waste received at the Barnwell site. The Board annually approves the level of surcharge needed to cover projected expenditures. Waste disposal customers pay the surcharge as part of their overall charges for disposal services. SCREIDF revenue was derived through contract with Dept. of Agriculture for operation of grant program. Includes Revenues (313K) generated from contractual agreements with other State Agencies (First Steps/Kids Count) and revenues (\$3.6M) generated from administration fee on vendors sales from state contracts (.75% of sales). Also includes revenues (829K) generated from other Board Offices for services provided on a cost allocated basis.	4,799,313.74
F03	BCB	3417	Special Operations	7810	SALE OF PUBLICATIONS AND BROCHURES	Sections 1-11-335	To record revenue from the sale of publications	Internal Operations	Sections 1-11-335	Reported revenue is from fees charged for granting permission to photocopy copyrighted Executive Institute case studies.	682.00
F03	BCB	3482	Rural Infrastructure Bank Trust Fund	0404	EMPLOYER WITHHOLDING INC TAX	2010 Act 291, Part IB, 81.3 2011 Act 73, Part IB, 81.3	To record revenues from DOR employer withholding collections	None	2010 Act 291, Part IB, 80A.8 & 80A.11 2011 Act 73, Part IB, 80A.8 & 80A.11	Revenues are transfers from the Dept of Commerce Rural Infrastructure Fund in excess of \$12M up to \$17M.	2,229,557.00
F03	BCB	3482	Rural Infrastructure Bank Trust Fund	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	2010 Act 291, Part IB, 81.3 2011 Act 73, Part IB, 81.3	To record revenues from DOR employer withholding collections	None	2010 Act 291, Part IB, 80A.8 & 80A.11 2011 Act 73, Part IB, 80A.8 & 80A.11	\$13.2M originally transferred to fund 3037 at the end of FY 2010 as a potential source to maintain critical operations in anticipation of the Governor's veto of the Boards' entire General Fund budget. Transfer In reflects the return of those funds to fund 3482 at the beginning of FY 2011.	13,295,390.64
F03	BCB	3646	State Career Center	7803	SALE OF SERVICES	Section 1-11-335	To record revenues from fees for services	TempO program area	Section 1-11-335	Revenues generated by the TempO program for temporary help at state agencies. Fees are 23% of salaries.	1,411,896.80
F03	BCB	3774	Acc Dep Motor Vehicles	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Sections 1-11-335 and 1-11-225	To record operating cash transfers in from other funds	General Services State Fleet Management	Sections 1-11-335 and 1-11-225	Transfer of revenues generated from the rent/lease of state vehicles to state agencies, counties and municipalities.	4,310,000.00
F03	BCB	3958	Sale of Assets	7853	SALE OF MOTOR VEHICLES (CAPITALIZED)	Sections 1-11-335 and 1-11-225	To record revenue received from the sale of motor vehicles	State Fleet Management	1-11-335, 1-11-225	Revenues generated from the sale of motor vehicles to public and private sector through Surplus Property.	567,920.19
F03	BCB	4144	Insurance Reserve Fund Admin	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Sections 1-11-335 and 10-7-130	To record operating cash transfers in for administration	Insurance Reserve Fund	1-11-335	Revenues generated from transfers from the Insurance Reserve Trust Fund. Amounts transferred are based upon spending authorization approved by the General Assembly in the annual general appropriations act.	6,750,000.00
F03	BCB	4190	Federal Surplus Property	7817	SALE OF SURPLUS PROPERTY FEDERAL DONATED	Section 1-11-335, 41 CFR §102 - 37.280	To record the sale of goods through Federal Surplus Property Program.	Federal Surplus Property	1-11-335, 41 CFR §102 - 37.280	Revenue generated from service charges, based on acquisition cost, from the sale of Federal Surplus Property to eligible donees (State agencies, 501-C3s, small business association members, towns and municipalities, who have met Federal eligibility requirements). (See attachment for additional information.)	249,393.72

Revenue Object Codes

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Name of Agency Contact: Jason Epting
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
F03	BCB	4261	Retirement Sys Operating	6601	INVESTMENT EARNINGS	Sections 1-11-335 & 9-1-310. SC Constitution Article X, Section 16:	To record investment earnings	The Retirement Systems draws-down funds from a Trust Fund. The division has a fiduciary responsibility and is constitutionally restricted to only use these funds in the interest of our members and for the administrative operation of the Retirement Systems.	SC Code of Laws 1-11-335 & 9-1-310	Revenues generated from investing in securities. Restrictions on or reductions of this revenue would increase the cost of administering the Retirement Systems. The counterparty in the investment transaction pays the revenue.	78,017.40
F03	BCB	4261	Retirement Sys Operating	7214	RET SYSTEMS ADMIN FEE	Sections 1-11-335 & 9-1-310. SC Constitution Article X, Section 16:	To record revenues from cash transfers from trust fund	The Retirement Systems draws-down funds from a Trust Fund. The division has a fiduciary responsibility and is constitutionally restricted to only use these funds in the interest of our members and for the administrative operation of the Retirement Systems.	SC Code of Laws 1-11-335 & 9-1-310	Revenues generated from cash transfers from the Retirement Systems trust fund to fund administration.	16,187,534.00
F03	BCB	4261	Retirement Sys Operating	7702	INSURANCE CLAIM PROCEEDS	2010 Act 291, Part IB, 89.61 2011 Act 73, Part IB, 89.57 SC Constitution Article X, Section 16	To record proceeds from insurance claims	The Retirement Systems draws-down funds from a Trust Fund. The division has a fiduciary responsibility and is constitutionally restricted to only use these funds in the interest of our members and for the administrative operation of the Retirement Systems.	2011 Act 73, Part IB, 89.57	Revenues generated from Insurance Reserve Fund claims.	137,561.03
F03	BCB	4261	Retirement Sys Operating	7803	SALE OF SERVICES	Section 1-11-335 SC Constitution Article X, Section 16	To record reimbursement of costs in support of the Deferred Compensation Commission.	Retirement	SC Code of Laws 1-11-335	The Deferred Compensation Commission reimburses the Retirement Systems for costs incurred by the Retirement Systems in support of the Deferred Compensation Commission. This revenue object code records the reimbursement.	124,134.22
F03	BCB	4744	Oil Overchg-Stripper Well	6601	INVESTMENT EARNINGS	Section 48-52-470, Exec. Order 96-34	To record investment earnings	State Energy Program	Federal court settlement re: oil overcharge funds	Revenues earned for investments on funds invested by STO	194,558.36
F03	BCB	4778	Insurance Unit Service Admin	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	Section 1-11-335	To record operating cash transfers in from other funds	Operating and Administrative Activities of the Employee Insurance Program	1-11-335	Revenues generated from the transfers of funds from the Employee Insurance Program Trust Fund for administration. Amounts transferred are based upon spending authorization approved by the General Assembly in the annual general appropriations act.	9,965,215.17

Revenue Object Codes

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Name of Agency Contact: Jason Epting
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
F03	BCB	4846	Tobacco Sett Local Govt Fd	6601	INVESTMENT EARNINGS	Section 11-11-170(B)(4)	To record investment earnings	Water and sewer grants administered by OLG and the operation of OLG	Section 11-11-170(B)(4) of the SC Code of Laws and 2011 Act 73, 80A.8 and 80A.11.	Revenues earned for investments on funds invested by STO	335,045.58
F03	BCB	4847	Loan Fees Drinking Water	4863	LOAN FEE	Section 48-5-40 Defined as federal program income by EPA and usage governed by Federal Regulation at 40 CFR 35.3530(b)(2).	To record loan closing fees	Financial administration of the Drinking Water SRF trust fund providing long-term, low-interest loans for the construction of local drinking water facilities needed to achieve or maintain compliance with the Federal Safe Drinking Water Act.	Section 1-11-335 and same federal regulations governing usage.	Revenues generated from loan origination fees charged to city, county or special purpose districts receiving a Drinking Water SRF loan. FY11 Rate is 1.00%	145,519.00
F03	BCB	4849	Loan Closing Fees	4863	LOAN FEE	Section 48-5-40 Defined as federal program income by EPA and usage governed by Federal Regulation at 40 CFR Part 35 as published in the Federal Register October 20, 2005.	To record loan closing fees	Financial administration of the Clean Water SRF trust fund providing long-term, low-interest loans for the construction of local sewer facilities necessary for environmental protection, public health and economic development.	Section 1-11-335 and same federal regulations governing usage.	Revenues generated from loan origination fees charged to city, county or special purpose districts receiving a Clean Water SRF loan. FY11 Rate is .50%	58,802.00
F03	BCB	4849	Loan Closing Fees	6601	INVESTMENT EARNINGS	Deemed federal program income and governed by 40 CFR Part 35.	To record investment earnings	Financial administration of the Clean Water SRF trust fund providing long-term, low-interest loans for the construction of local sewer facilities necessary for environmental protection, public health and economic development.	Section 1-11-335 and same federal regulations governing usage.	Revenues earned for investments on funds invested by STO.	87,370.35
F03	BCB	4973	Education Improvement Act 1984	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	2011 Act 73, Part IB, 89.32	To record operating cash transfers in from other funds.	K12 School Technology	2011 Act 73, Part IB, 89.32	Education Improvement Act funds transferred from the SC Department of Education to support the E-Rate program.	8,476,500.00
F03	BCB	35J9	ARRA Central Oversight	4001	ALLOCATION-STATE AGENCIES	2010 Act 291, Proviso 89.99	Centralized reporting of ARRA expenditures in accordance with Federal guidelines.	Operating and Administrative costs associated with ARRA reporting.	2010 Act 291, Proviso 89.99 (Proviso deleted in FY 2012)	State agencies are assessed a charge based on their pro rata share of American Recovery and Reinvestment Act (ARRA) funds received to fund the central administrative costs of ARRA reporting in accordance with federal guidelines.	141,368.21
F03	BCB	39H2	FY10 Inc Enforcement Collections	7274	NON RECURRING OPERATING	2010 Act 291, 90.16(2)	To record Increased Enforcement	SCEIS	2011 Act 73, 90.15	Funds appropriated pursuant to 2010 Act 291, 90.16 (2) to fund operating costs associated with SCEIS implementation.	2,179,716.00

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Jason Epting
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Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3035	Operating Revenue	3801, 3902, 4522, 4524, 4827, 4827, 7201, 7201, 7221, 7234, 7407, 7412, 7702, 7803, 7811, 7825, 7902, 9995, 9995	\$7,115,567	\$36,933,018	19.3%	This fund supports operations and projects of the Division of State Information Technology (DSIT). DSIT is obligated to spend almost \$1.5M per month on contractual services, nearly half of which is dedicated to hardware and software licensing and maintenance for server and mainframe systems for customers. Examples of these systems include processing food stamps, child health services and other child and adult protective services for DSS, tax enforcement and collection systems for DOR, and inmate management systems for DOC. DSIT spends over \$353K per month for connectivity to service providers and MPLS carriers which allows DSIT to link all agencies to their remote offices around the state and to the Internet at lower rates. This includes numerous rebillable customer specific projects. DSIT spends roughly \$58K per month on supplies and materials, the majority of which are DP specific supplies such as digital tapes for backup storage of agency mainframe systems data. Employee salary and fringe is nearly \$1.1M a month. Other monthly costs totaling more than \$540K include: rent for four facilities, data processing equipment, insurance, armed security protection of the critical state data systems 24x7x365, and technical consultants to supplement DSIT staff in critical areas such as print and mainframe operations.
F03	BCB	3037	Special Deposits	4522, 4524, 7221, 7412, 7702, 7803	\$4,746,584	\$13,279,841	35.7%	Funds in this account primarily support the SCEIS project and 800 Mhz rebanding. The SCEIS portion of balances consists of several agencies' one-time payments of their share of cost to implement new state accounting program and one time funds from commercial loan via State Treasurer's Office master lease program. Of the balance remaining: \$2.8M supports SCEIS and will be exhausted by FYE '12, \$1.9M is a prepayment from Sprint/Nextel which will be used to pay private contractors for rebanding required by the FCC.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3067	General Services	3801, 3804, 4505, 4519, 4524, 4525, 4526, 4531, 5752, 7201, 7221, 7403, 7405, 7702, 7802, 7803, 7811, 7823	\$6,825,193	\$24,614,287	27.7%	Fund is used to pay salaries, employer contributions, and operating costs for several General Services' functions, including principal and interest due on loans; private contractors providing custodial and other building and construction services; and private sector utilities powering the buildings and their environments. General Services' functions whose operating funds are included in this account are Facilities Management, which is responsible for operation and maintenance of more than 80 older state buildings with expensive and often unpredictable upkeep; Parking; Agency Mail; Statewide Building and Property Services; and Construction and Planning. Revenues are derived from sale of services, with the significant amount being transfers from state agency rent payments, which are received in subfund 3124, and pro-rated state appropriations for operation and maintenance of the State House and Blatt and Gressette Buildings. Balance is needed at beginning of fiscal year because most state agencies' rent payments are not received until August and September. On average, over \$4M is expended from this fund in a 60 day period. This fund, in combination with 3234, also provides funding for major repairs / upkeep for State-owned buildings managed by General Services. After reserving sufficient funds to operate until state agencies begin paying the new year's rent, General Services transfers funds from this account to 3234. Together, this account and 3234 provide only about \$3M-5M each fiscal year to meet serious facility needs that arise and cannot prudently be deferred.
F03	BCB	3081	Depreciation Reserve	7221, 7240, 7403, 7702	\$246,898	\$0	#DIV/0!	Account provides funds for DSIT's repair and replacement of assets and technology projects. Infrastructure, excluding towers, is valued in excess of \$21M. Reinvestment in infrastructure has been deferred where possible due to budgetary concerns, but some reinvestment for maintenance and required system upgrades are now necessary: \$136,847 is committed to additional agencies for VoIP wiring projects, \$110K toward a Disaster Recovery Network Project (split funded between 3081, 3227 and 3035).

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3098	Donations	4827, 7604, 7605	\$94,404	\$62,774	150.4%	Funds are donations from the general public and private organizations made specifically to the Confederate Relic Room and Military Museum. Nearly all donations are designated for specific Museum purposes such as conservation of the collection, acquisition of an artifact or support of a specific exhibit. Use of donations for other purposes would violate donors' intent. Revenue also includes admission, gift shop, and membership fees which help support Museum operations.
F03	BCB	3124	Rent - State Owned Real Property	4519, 4521, 7221, 7266, 7403, 7409, 7803	\$75,764	\$0	#DIV/0!	Fund receives rent payments from agencies occupying state-owned buildings managed by The Budget and Control Board's Division of General Services. Funds are allocated among various General Services' building operations, maintenance and management functions and to a depreciation reserve account. These funds are transferred to the operations account, fund 3067, where the money is expended, and to a depreciation reserve from which funds are drawn as needed and authorized for building projects. Funds are not expended from 3124.
F03	BCB	3149	Maint Repair Renov - Non-cap	3804, 4520, 7221, 7240	\$2,569,067	\$2,061,820	124.6%	Balance in this account funds established building repair and renovation projects costing less than \$100,000. The balance in this account consists of funds transferred from General Services' depreciation reserve (3234) to fund repairs on General Services' buildings as well as other state agencies' funds for their building projects being managed by the Board's Division of General Services. Funds are obligated for projects, which are in various stages of completion.
F03	BCB	3184	Earned Fund	7221, 7702, 7803, 7818	\$1,195,762	\$669,211	178.7%	Account funds the SC Geodetic Survey and state level support for the 911 emergency response system. Both operate within the Office of Research and Statistics. Funds are expended to fulfill contractual agreements with public and private entities for geodetic and mapping data/services. Many contracts require funds for ongoing projects that necessitate replacement hardware, disaster recovery plans, software upgrades and networking, so the fund serves, in part as a depreciation reserve in addition to being an operating account. These funds are also used to supplement insufficient state funding for Redistricting and Geodetic Control activities.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3185	Health Sys & Planning	7803, 7815	\$1,581,210	\$2,303,603	68.6%	Funds are expended to fulfill contractual agreements with public and private entities for health and demographic data/research services and applications development provided by the Office of Research and Statistics. Many contracts require funds for ongoing projects that necessitate replacement hardware, disaster recovery plans and networking. These carry forward funds are also used for federal match to supplement the Health and Demographics state appropriated account. Because many contracts are for finite projects, a number of staff are employed on a time-limited basis. As a result, annual leave payout balances for time-limited employees are included in this carry forward balance.
F03	BCB	3197	Motor Pool	0405, 3801, 4829, 4883, 7221, 7403, 7405, 7409, 7425, 7505, 7702, 7802, 7803	\$12,185,933	\$13,397,468	91.0%	This fund and 3774 support the State Fleet program's operations and vehicle replacement. Revenues are received primarily from state agency customers for daily rentals and long term leases of vehicles. The cash balance is needed because revenue generated by the program typically lags sixty to ninety days behind when the program incurs and pays the cost of providing services to customers. On average, the programs' expenses just for fuel, insurance, and vehicle maintenance are \$3M over ninety days. Another \$1M is needed as a reserve for increases in fuel prices above those programmed into existing lease agreements. In addition, cash in this account and 3774 is used to purchase replacement vehicles based on life-cycle costs -- essentially a determination when the cost to operate a vehicle exceeds its replacement cost. A 2005 study by a private consultant, Mercury Associates, advised State Fleet should replace most of its light duty vehicles every five years, with the costs smoothed out through a staggered replacement schedule. Because vehicle replacements have been deferred in recent years, the program has a backlog of 754 vehicles that should be replaced, after adjustments for changes in customer demand. Purchasing this many vehicles at once, if feasible, would cost more than \$15.4M. The consequences of delaying vehicle replacement is an increase in the cost to operate and acquire vehicles and placing state agencies' staff and clients in less reliable vehicles and potentially unsafe situations. In addition, the Board was directed to transfer \$3M of the FY 2011 ending cash balance to the State Treasurer in accordance with Proviso 90.18 of Act 73 of 2011 (FY '12 Appropriations Act).

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3212	Training Session Fees	3804, 4829, 7201, 7803, 7811	\$56,326	\$205,995	27.3%	Funds generated from fees for training/informational programs offered by Human Resources Division. Registration fees received in advance of training & expended over course of year & in some cases over next 18 months. For 9 months of FY11, monthly revenue was under \$22,500 and less than current month's expenses.
F03	BCB	3227	DIRM Telecommunications Project	7825	\$167,820	\$0	#DIV/0!	<p>Funds are not expended from this fund. Fund receives commissions for operator assisted telephone calls. Commissions are transferred to 3035 from which they are expended by DSIT for special telecommunications projects.</p> <p>The balance remaining is for: \$60K toward a Disaster Recovery Network Project (split funded between 3081, 3227 and 3035). \$96K for a Cisco Network Switch, \$3K for a Solarwinds project and \$9K for a Disaster Recovery Software Tool. Funds are used in conjunction with depreciation reserve to support the total infrastructure valued at over \$21M.</p>
F03	BCB	3234	Depr Res OGS	7221, 7240, 7403	\$5,189,175	\$0	#DIV/0!	<p>This fund receives transfers from fund 3124 and consists of state agency rents remaining after paying the Division of General Services' cost of operating approximately 80 state-owned buildings. Although called a depreciation reserve, the annual amounts transferred to 3234 provide only a modest contingency fund for the more serious facility repairs and replacements that arise during the coming year and require immediate attention. This is not a depreciation reserve providing a planned accumulation of funds to replace assets at the end of their life expectancy. The rent available each year for transfer to this fund is modest relative to the potential need. Replacement of major equipment such as a chiller or boiler could cost more than \$500,000 a unit. This account would also constitute the immediate source of funds for any building repairs and loss mitigation necessitated by a natural disaster such as a hurricane.</p>
F03	BCB	3265	Depr Res State Park	7221	\$11,759	\$0	#DIV/0!	Funds are provided by DHEC as a depreciation reserve for its buildings at State Park.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3266	Depr Res State House	7221	\$2,200	\$0	#DIV/0!	Account provides funding for repairs and renovations to the State House and is funded with a transfer from the general fund appropriation for State House Operations and Maintenance. The general fund appropriation was short of expenditures in FY 2011 and was supplemented by other agencies' rent payments. Current account balance is zero as funds were transferred in FY 12.
F03	BCB	3323	K-12 School Technology	4522, 7202, 7221	\$193,354	\$2,011,214	9.6%	Funds are used to support the K-12 E-Rate program. The core E-Rate Program is funded from 3329 and 4973. Revenues posted to this fund are generated through the billings collected from educational organizations purchasing additional bandwidth and internet security services through DSIT over and above that which is provided to them via the core funding provided in 3329 and 4973. The Division of State Information Technology (DSIT) manages the statewide bandwidth contracts and uses this account to pay service providers. A cash balance is needed because DSIT pays for the services and then collects the schools' payments/reimbursements.
F03	BCB	3329	Public Ed E-Rate Disc	3801, 4522, 7202, 7221	\$8,521,647	\$11,625,639	73.3%	Funds are used to support the K-12 E-Rate program, which provides affordable telecommunications and internet access to libraries and schools. The K-12 initiative is administered by the Department of Education, in consultation with the Budget and Control Board, State Library and ETV. The Division of State Information Technology (DSIT) manages the statewide bandwidth contracts and uses this account to pay service providers. The core E-Rate Program is funded from both 3329 and 4973. Revenues are generated by receipt of federal government matching dollars via the E-Rate program. Eligible reimbursements are currently 79% of eligible actual expenses and under the terms of the E-Rate program are received directly from the telecommunications providers that are contracted to provide service to the libraries and schools. A cash balance is needed to ensure all expenses are paid in full as they occur and before reimbursement. Reimbursements for expenses paid are not typically received until the following fiscal year.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3417	Special Operating	4001, 4503, 4822, 4829, 4850, 5001, 5743, 7201, 7211, 7221, 7234, 7702, 7802, 7803, 7808, 7810	\$2,347,447	\$7,561,541	31.0%	Fund supports the operations of multiple programs of the Budget and Control Board: Internal Audit; internal accounting, finance, human resources, budgeting and procurement provided by Internal Operations; statewide procurement services provided by the Materials Management Office and Information Technology Management Office; the Successful Children's Project / Kid's Count; internal legal services; agency executive management; Information Technology Planning; and The Atlantic Waste Compact Commission. Over \$350,000 of the balance is attributable to contracts with a private foundation, the Department of Health and Human Services, and the Education Oversight Committee for data analysis to be performed by Kid's Count. On average, revenue-funded operational costs for the remaining programs for 60 days is approximately \$1.2M. This account must also accumulate funds to pay unfunded obligations in the ensuing year. Unfunded data processing and printing costs for the Comptroller General and Treasurer are projected at \$800,000 in FY2012. Additionally, expenses in support of unfunded, statutorily mandated responsibilities for information technology planning are estimated at \$400,000 in FY2012 just to minimally meet the requirements of law.
F03	BCB	3482	Rural Infrastructure Bank	0404, 7221	\$15,524,948	\$0	#DIV/0!	2011 Act 73, 80A.42 directs the Board to transfer these funds to the Rural Infrastructure Authority.
F03	BCB	34E4	Increased Enforcement Collections	7221, 7270	\$56,648	\$1,330	4259.2%	Balance consists of non-recurring funds appropriated for on-going maintenance and security of the Southern Maritime Collection.
F03	BCB	35J9	ARRA Central Oversight	4001	\$117,912	\$23,456	502.7%	Balance of funds received from state agencies for central administrative oversight and reporting of ARRA expenditures in accordance with Federal guidelines.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	3646	State Career Center	3801, 7803	\$251,006	\$1,325,294	18.9%	Funds are payments from agencies using the Human Resources Division (HRD) temporary staffing program (TempO). Cash needed because OHR places and pays temporary employees prior to billing and receiving payment from agencies.
F03	BCB	3774	Acc Dep Motor Vehicles	6601, 7221, 7405, 7853, 8219	\$2,455,238	\$4,788,738	51.3%	This account is used by the State Fleet Program to purchase replacement vehicles for its motor pool and lease fleet. Vehicles are planned for replacement during the period when their annual operating cost outweighs the annual cost of purchasing a replacement. To receive the best prices, purchases are ordered in batches and according to manufacturers special fleet production schedules. Consequently, the needed funds are accumulated, usually increasing balances in this fund, until expended in the course of the fiscal year. The balance in this fund at the conclusion of FY 2011 was needed to pay \$2.1M in debt service due in August 2011. In addition, the program has a backlog of more than \$15.4M in needed vehicle replacements.
F03	BCB	3891	Proviso 90.19 FY10 Act	7274	\$603,383	\$0	#DIV/0!	Represents the balance of \$1.8M in non-recurring funds appropriated pursuant to 2009, Act 23 90.19(B)(6) for deferred maintenance projects. Funds are not expended from this subfund, but are transferred to projects to fund major repairs and renovations on state owned buildings.
F03	BCB	3958	Sale of Assets	4522, 4524, 7221, 7853, 7802, 7853, 7854, 7859, 7861	\$587,391	\$0	#DIV/0!	Fund receives proceeds from sale of Board offices' surplus personal property. Funds are transferred to selling program for purchase of replacement equipment and expended within pertinent funds of various programs. Funds were not transferred during FY 2011 to maintain a reserve to repay federal government penalties.
F03	BCB	39H2	FY10 Increased Enforcement Collections	7274	\$1,145,852	\$1,033,864	110.8%	Funds are the balance of increased enforcement collections appropriated (\$2,179,716) pursuant to 2010 Act 291, 90.16 (2) for SCEIS. Funds are transferred quarterly by the State Treasurer to State Agencies on a pro rata basis. The carryforward amount represents those funds transferred late in the last quarter of FY11 and unavailable for expenditure during the fiscal year. Funds will be exhausted by FYE 12.
F03	BCB	4144	Insurance Reserve Fund Admin	3801, 4829, 4883, 7201, 7221, 7803	\$7,099	\$6,661,102	0.1%	Funds are used for operating and administrative activities of the Insurance Reserve Fund. Any carry forward reduces the amount that is transferred from the Insurance Reserve trust fund for this purpose in the ensuing FY.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	4151	Loan Fees - State Infrastructure Fund	7221	(\$3)	\$5,476	-0.1%	Funds support accounting/fiscal services for the State Infrastructure Revolving Fund (SIRF). Any carry forward reduces the amount that is transferred from SIRF for this purpose in the ensuing FY.
F03	BCB	4190	Federal Surplus Property	3801, 4850, 6601, 7221, 7702, 7803, 7817, 7861	\$111,621	\$280,642	39.8%	Fund supports the operations of the Division of General Services' federal surplus property disposal program which acquires surplus US military property by donation or purchase and then sells it to state and local governments and tax exempt organizations at a fraction of the cost to purchase by other means. Unsold property may be auctioned to the general public through the federal government's website only. The program is subject to Federal Property Management Rules FPMR 102-37.280 which require maintenance of a working capital reserve. A balance is needed to purchase federal surplus when available and to cover personal service and other operating costs before revenue is received through billings which occur as property is sold.
F03	BCB	4261	Retirement Sys Operating	3801, 6601, 7214, 7221, 7702, 7803	\$844,237	\$16,648,071	5.1%	Funds are used for operations of the Retirement Systems. Any carry forward reduces the amount that is transferred from the trust fund for this purpose in the ensuing FY.
F03	BCB	4704	Exxon Hawkins Settlement	4829, 6601, 7221, 9901	\$4,709	\$0	#DIV/0!	Use of funds is restricted by U.S. District Court decision in 1983. The funds are used to cover unfunded federal and state mandates related to energy efficiency and renewable energy. Funds are non-recurring and intended for use over multiple years. Uncommitted funds are required to be carried forward and used for the same purposes.
F03	BCB	4715	Diamond Shamrock	3801, 6520, 6601, 6720, 7221, 7803	\$353,127	\$8,088	4365.9%	Use of funds is restricted by Diamond Shamrock Settlement Agreement approved in 1986 by the U.S. District Court for the District of Ohio. The funds are used to cover unfunded federal and state mandates and required matches for federal funds related to energy efficiency and renewable energy. Funds are non-recurring and intended for use over multiple years. Uncommitted funds are required to be carried forward and used for the same purposes.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	4744	Oil Overchg-Stripper Well	6601, 7201, 7221, 7802, 7810, 9901	\$1,753,482	\$147,719	1187.0%	Use of funds is restricted by Stripper Well Settlement Agreement approved in 1986 by the U.S. District Court in Kansas. The funds are used to cover unfunded federal and state mandates and required matches for federal funds related to energy efficiency and renewable energy. Funds are non-recurring and intended for use over multiple years. Uncommitted funds are required to be carried forward and used for the same purposes.
F03	BCB	4778	Insurance Unit Service Admin	3801, 4829, 4850, 7201, 7221	\$192,199	\$9,857,966	1.9%	Funds are used for operating and administrative activities of the state employee and retiree insurance programs. Any carry forward reduces the amount that is transferred from the Health Insurance Reserve fund for this purpose in the ensuing fiscal year.
F03	BCB	4821	PVE - First Stage Restitution	6601	\$45	\$0	#DIV/0!	Funds were awarded by the U.S. Department of Energy to South Carolina as a refund for the State's documented purchases of petroleum products during the period of oil price ceiling violations. Funds are used for state facility energy efficiency improvements implemented by the Division of General Services and as a cost share for federally funded energy projects.
F03	BCB	4846	Tobacco Sett Local Govt Fd	6601, 7221	\$13,320,054	\$386,633	3445.1%	This is a trust fund established under the provisions of the Tobacco Settlement legislation for the purpose of providing grant assistance to local communities for water/sewer facilities, and for the operation of the Office of Local Government. 2011 Act 73, 80A.42 directs the Board to transfer the remaining balance to the Rural Infrastructure Authority.
F03	BCB	4847	Loan Fees Drinking Water	4863, 6601	\$1,118,693	\$114,532	976.8%	Revenue consists of fees generated from a loan program capitalized with a federal match of \$5 for each state \$1. The loan program provides low interest long-term loans to cities, counties, and special purpose districts for public drinking water supply and distribution projects. Loan program aids local governments with critical and basic infrastructure needs while reducing their annual debt service and total project cost. All loan closing fees and the interest revenue are defined by the federal Environmental Protection Agency (EPA) as program income and governed by federal regulations at 40 CFR 35.3530(b)(2). Uncommitted funds are required to be carried forward and used for the program.

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
F03	BCB	4849	Loan Closing Fees	4863, 6601	\$3,067,748	\$420,912	728.8%	Revenue consists of fees generated from a loan program capitalized with a federal match of \$5 for each state \$1. The loan program provides low interest long-term loans to cities, counties, and special purpose districts for projects pertaining to wastewater treatment plants, interceptors, collection systems, sewer lines, and related facilities. Loan program aids local governments with critical and basic infrastructure needs while reducing their annual debt service and total project costs. All loan fees and the interest earned thereon are defined by federal Environmental Protection Agency (EPA) as program income and governed by federal regulations at 40 CFR Part 35 as published in the Federal Register October 20, 2005. Uncommitted funds are required to be carried forward and used for the program.
F03	BCB	4973	Education Improvement Act 1984	4005, 7221	\$863,455	\$8,652,773	10.0%	Funds are used to support the K-12 E-Rate program, which provides affordable telecommunications and internet access to libraries and schools. The K-12 initiative is administered by the Department of Education, in consultation with the Budget and Control Board, State Library, and ETV. The Division of State Information Technology (DSIT) manages the statewide bandwidth contracts and uses this account to pay service providers. The core E-Rate Program is funded from both 3329 and 4973. Revenues are generated via a transfer of appropriations from the SC Department of Education's budget to pay the state share of E-Rate expenses to telecommunication service providers and to pay non reimbursable programmatic expenses. A cash balance is needed in this fund to ensure all expenses are paid in full when they are incurred and before reimbursement. Reimbursements for expenses paid are not typically received until the following fiscal year.

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: R. Kenneth Harrill
Contact Phone Number: 803 832-8244
Contact E-mail Address: kharrill@osa.state.sc.us

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	F27	State Auditor	3035	Operating Revenue	3902	OTHER REIMB-ST AGENCIES	Section 11-7-20 (B) of the South Carolina Code of Laws	Audit the State's basic financial statements annually	Audits Program	None	Each State agency remits an amount representing its equitable portion of the expense of contracting with a certified public accounting firm to conduct a portion of the audit of the State's Comprehensive Annual Financial Report. Each state agency's equitable portion of the expense is determined by a schedule developed by the State Auditor.	\$334,933
2	F27	State Auditor	3719	Court Audits Revenue	5701	COURT FINE	Section 11-7-25 of the South Carolina Code of Laws;	To report whether monetary penalties imposed by general sessions, municipal and magistrate courts are properly collected and remitted to the State	Audits Program		The State Treasurer is authorized to transfer the first \$10,900 received from the General Sessions court, the first \$136,600 received from the Magistrates Court, and the first \$102,500 received from the Municipal Court to the State Auditor's Office to fund these audits.	\$250,000
3	F27	State Auditor	3958	Sale of Assets	7802	SALE OF SURPLUS MATERIALS & SUPPLIES	Section 11-35-3820 of the South Carolina Code of Laws	To dispose of surplus property	Audits Program	Section 11-35-3820 of the South Carolina Code of Laws	Surplus property is sold by the Surplus Property Section of the General Services Division of the Budget & Control Board.	\$173
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Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: R. Kenneth Harrill
Contact's Phone Number: 803 832-8244
Contact's E-mail Address: kharrill@osa.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	F27	State Auditor	3035	Operating Revenue	3902	\$0	\$334,933	0.0%	NONE
2	F27	State Auditor	3719	Court Audits Revenu	5701	\$126,389	\$2,070,105	6.1%	Audit contracts with private CPA firms to conduct audits of court jurisdictions have terms greater than sixty days.
3	F27	State Auditor	3958	Sale of Assets	7820	\$178	\$0	#DIV/0!	NONE
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Gary S. Glenn
Contact Phone Number: 737-2155
Contact E-mail Address: gglenn@che.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H03	CHE	3035	Earmarked Fund	1643	Proprietary School License	SC Code 59-58-70	Record Licensing Revenue	Private For-Profit Out of State Institutions of Higher Learning	SC Code 59-58-10	Licensing Fees Vary by Size of Institution. Fees are Charged for Recruiting Students to Out of State Colleges	\$270,341
2	H03	CHE	3035	Earmarked Fund	4846	Document Certification	SC Code 59-58-80	Record Fees for Transcripts	Assistance to Students of Defunct Colleges	SC Code 59-58-11	Students of Closed Institutions are Charged \$15 for Copies of Their Transcripts	\$1,425
3	H03	CHE	3035	Earmarked Fund	7201	Misc Revenue		Record Revenue for the Statewide Electronic Library	Statewide Electronic Library		Dues and Fee Collected Through Statewide Consortium of Academic Libraries	\$1,911,266
4	H03	CHE	3035	Earmarked Fund	7820	Sale of Surplus Materials		Record sale of surplus property	Agency wide		Sale of surplus office/computer equipment through B&CB Surplus Property Office	\$1,308
5	H03	CHE	39H2	Restricted Fund	7274	Increased Enforcement	FY 11 Proviso 90.16	Record Appropriation from Increased Enforcement Revenue	SREB		Supported expenditures associated with veterinary medicine and optometry programs available to SC residents through contract with SREB	\$413,929
6	H03	CHE	43B1	Restricted Fund	3801	Return PY Expenditure	SC Code 59-150-10	Return PY Expenditure	Education Lottery		Record Return of Prior Year Expenditure	\$317,775
7	H03	CHE	43B1	Restricted Fund	7221	Misc Transfer-Other	SC Code 59-150-10	Record Receipt of Lottery Appropriations	Education Lottery		Record Receipt of Lottery Appropriations	\$168,556,667
8	H03	CHE	47C8	Restricted Fund	6601	Investment Earnings	SC Code 2-75-10	Record Interest Earnings for the Lottery Endowed Chairs Program	Lottery Endowed Chairs Program	SC Code 2-75-10	Record Interest Earned on Lottery Endowed Chairs Matching Fund	\$2,127,373
9	H03	CHE	47C8	Restricted Fund	7221	Misc Transfer-Other	SC Code 2-75-10	Education Lottery	Lottery Endowed Chairs Program		Used to Disburse Funds to Research Universities for the Lottery Endowed Chairs Program	\$4,002,978
10	H03	CHE	4973	Restricted Fund	4005	Allocations Education Improvement Act	SC Code 2-7-66	Record Receipt of EIA Appropriations	Centers of Excellence, Service Learning Engagement, and CERRA	SC Code 59-21-420	Record Receipt of Revenue	\$7,341,495
												\$184,944,557

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Gary S. Glenn
Contact's Phone Number: 737-2155
Contact's E-mail Address: gglenn@che.sc.gov

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
2 H03	Commission on Higher Education	3035	PASCAL Dues and Fees	7201	\$400,002	\$1,958,283	20.4%	The Partnership Among South Carolina Academic Libraries (PASCAL), also known as the Statewide Electronic library, leverages state funds, membership dues and grants to provide cost-efficient services to its member libraries. These funds are collected from dues and fees charged to member libraries for shared access to academic data bases. A small fund balance has been accrued to provide for upgrades to servers and other computer support equipment associate specifically with operation of the statewide electronic library.
H03	Commission on Higher Education	3035	EEDA	7201	\$140,501	\$0	100.0%	\$125,000 was received from SCDE to expand the Course Articulation work ongoing with EPIC. Authority to disburse the funds was not granted until FY12. The contract has been amended and the funding will be disbursed this FY. Authority for the remainder of the funding (\$15,501) is built into our FY13 budget and will be used to upgrade computers and other support items. This will zero out the revenue account in FY13.
H03	Commission on Higher Education	3035	Endowed Chairs	7201	\$6,805	\$0	100.0%	Funds were carried forward to FY12 to support national conference held in October in Charleston, SC. Account has been zeroed out in FY12.
H03	Commission on Higher Education	3035	Sale of Surplus Supplies & Materials	7820	\$1,308	\$0	100.0%	Funds are being accumulated from the sale of surplus property through B&CB Surplus Property Office to offset future technology purchases. Balance is being moved to subfund 3958 - Sale of Surplus Materials & Supplies in FY12.
H03	Commission on Higher Education	3035	Licensing	1643 / 4846	\$191,362	\$162,080	118.1%	The Commission is the sole authority for licensing nonpublic educational institutions established in South Carolina and those established elsewhere which want to operate in or confer degrees in this state. Funds in this category come primarily from license fees associated with these entities and are used to provide consumer protection by ensuring academic standards are met. Revenues/expenses fluctuate depending on the number of new institutions seeking to operate in South Carolina.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Gary S. Glenn
Contact's Phone Number: 737-2155
Contact's E-mail Address: gglenn@che.sc.gov

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
H03	Commission on Higher Education	3035	College Goal Sunday	7201	\$61,335	\$0	100.0%	This grant comes from the YMCA and is awarded to the Commission to increase awareness of financial assistance opportunities to the citizens of the state, especially first generation and minority students. Authority to expend these funds was granted in FY12. Expansion of College Goal program sites in FY12 should reduce this account significantly going into FY13.
H03	Commission on Higher Education	4973	Education Improvement Act	4005	\$558,330	\$4,909,843	11.4%	These funds do not carry forward into the new fiscal year. Any remaining balances are remitted to the school building fund.
H03	Commission on Higher Education	43B1	Education Lottery	7201	\$7,494,508	\$171,695,161	4.4%	These funds primarily support LIFE, HOPE, Need-Based, Palmetto Fellows, and National Guard Scholarship programs. Funds are also used to support institutional technology needs and capital development projects.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Earl Mayo
Contact Phone Number: 896-1120
Contact E-mail Address: earl@sctuitiongrants.org

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H06	Tuition Grants	4723	Special Revenue Funds-Children's Endowment	4001	Allocations for State Agencies	59-143-30	Identifies classification of funds	Tuition Grants	59-143-30	Children's Education Endowment Fund, Lottery Need-Based Grants Funds	\$4,476,615
2	H06	Tuition Grants	3035	Earmarked Funds-Special Revenue Funds	6601	Investment Earnings	59-113-45	Identifies classification of funds	Tuition Grants	59-113-45	Interest accruing on the balance of undisbursed tuition grant funds on deposit with the State Treasurer's office from September fifteenth through December thirty-first shall be calculated by the State Treasurer's office and transferred within thirty days to the South Carolina Tuition Grant Commission to be awarded as tuition grants to eligible students.	\$9,037
3	H06	Tuition Grants	43B1	Special Revenue Funds-Education Lottery Account	7221	Miscellaneous Transfer-Other Fund	H. 3700, Part 1-B, 2.6 (6)	Identifies classification of funds	Tuition Grants	H. 3700, Part 1-B, 2.6 (6)	Education Lottery	\$7,766,604
4												\$12,252,256

Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Earl Mayo
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Contact's E-mail Address: earl@sctuitiongrants.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H06	Tuition Grants	3035	Earmarked Fund-Special Revenue Funds	6601	\$10	\$13,595	0.1%	None
2	H06	Tuition Grants	43B1	Special Revenue-Education Lottery Account	7221	\$3,009,489	\$7,103,146	42.4%	Money in this account comes from the general lottery funds disbursed annually to the Commission. The general lottery funds are disbursed annually to the Commission in such a way (combined with fluctuating numbers of enrolled students annually) that the Commission is <u>never</u> able to disburse 100% of funds annually. Grants must be paid out to students annually by April while at least 25% of funds (over \$2 million) are not provided to the agency until May, June or July after the conclusion of the academic year. These funds are <u>always</u> carried forward to insure availability of funds to begin paying student grants at the beginning of the next award year prior to initial disbursement of new year lottery funds.
3	H06	Tuition Grants	4723	Special Revenue-Children's Endowment	4001	\$1,388	\$4,476,827	0.0%	None
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Susan B. Reynolds
Contact Phone Number: 843 953 3176
Contact E-mail Address: reynoldss@citadel.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	5001	Student Fees E & G	To collect student tuition and fees.	General operating expenses for The Citadel		Student Tuition and Fees	\$40,544,228
2	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7840	State Gifts and Contracts	To collect state grant revenue.	State scholarships and grant programs.		State Grants	\$3,305,769
3	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7840	Private Gifts, Grants and Contracts	To collect private grant revenue.	Academic programs and other restricted programs.		Private Grants	\$7,392,962
4	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7840	Gifts and Contributions	To collect contributions to The Citadel.	Academic programs and other restricted programs.		Private Gifts	\$5,493,525
5	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7841	Student Fees - Auxiliary	To collect student auxiliary fees.	Auxiliary operations.		Student Auxiliary Fees	\$19,673,677
6	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7841	Interest Income	To collect interest income.	Construction projects.		Interest Income	\$395,827
7	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7841	Sales and Services	To collect auxiliary and other sales revenue.	Auxiliary operations and general operating expense.		Auxiliary and Other Miscellaneous Sales	\$9,064,707

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Susan B. Reynolds
Contact Phone Number: 843 953 3176
Contact E-mail Address: reynoldss@citadel.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
8	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	7841	Other Sources	Miscellaneous revenue.	General operating expense.		Miscellaneous Revenue	\$1,439,943
9											

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Susan B. Reynolds
Contact's Phone Number: 843 953 3176
Contact's E-mail Address: reynoldss@citadel.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H09	CITADEL	3036	Current Unrestricted-General (Operating Revenue)	5001 7840 7841	\$519,185	\$8,952,513	5.8%	None.
2	H09	CITADEL	3907	Capital Project - Other Funds		\$0		#DIV/0!	
3	H09	CITADEL	4238	Auxiliary Enterprises-Invest (Athletic Facility Fees(\$1,611,291	\$0	#DIV/0!	Special athletic fee initiated to pay facility bonds and also fund a sinking fund to pay debt service on a bond currently funded with gifts.
4	H09	CITADEL	42F4	Dist. Proceeds Deferred Maintenance Bond	8120	\$141		#DIV/0!	
5	H09	CITADEL	4907	Capital Project - Other Funds		\$162,930	\$0	#DIV/0!	Special fees collected from students for Plant Improvement Bonds (PIB); now being used for facility deferred maintenance needs that PIB bonds would have covered.
6									

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Virginia Baumann
Contact Phone Number: 864-656-2422
Contact E-mail Address: vbauman@exchange.clemson.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H12	Clemson University	3035	Operating Revenue	4001	Allocations from State Agencies	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Instruction - College of Health, Education and Human Development	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Reimbursement is collected from the S.C. Commission on Higher Education for Nursing faculty salary supplements.	Not put on separate line item in FY11
H12	Clemson University	3035	Operating Revenue	5001	University Fees-Reg	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Instruction (Colleges), Research, Public Service, Academic Support, Institutional Support, Student Services, Operation and Maintenance of Plant	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated through student tuition and fees for fall and spring sessions.	\$302,629,117
H12	Clemson University	3035	Operating Revenue	5001	University Fees-Summer	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Instruction (Colleges) and Academic Support	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated through student tuition and fees for summer sessions.	\$6,775,618
H12	Clemson University	3035	Operating Revenue	5001	Continuing Educations Fees	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Instruction (Colleges) and Academic Support	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated through student tuition and fees for continuing education courses.	\$71,505
H12	Clemson University	4507	Auxiliary Enterprise	6601	Auxiliary Enterprises-Investment Income	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Auxiliary-Student Housing, Auxiliary-Intercollegiate Athletics, Auxiliary-Food Services, Auxiliary-Bookstores, Auxiliary-Other	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Investment income is generated from University auxiliary cash balances.	\$2,183,268
H12	Clemson University	4241	Restricted Funds Other	7201	Miscellaneous	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Instruction (Colleges), Research and Public Service	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	This is external restricted program income, containing legal restrictions on use of funds.	\$1,587,061

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Virginia Baumann
Contact Phone Number: 864-656-2422
Contact E-mail Address: vbauman@exchange.clemson.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
15	H12	Clemson University	3463	PROVISO 90.13 FY 2008-2009 APPROP ACT	7283	FISCAL YEAR 2009 PROVISO 90.13 NON-RECURRING REVENUE	To collect and retain other funds from sources as described in "How Revenue is Generated"	Light Rail	FISCAL YEAR 2009 PROVISO 90.13 NON-RECURRING REVENUE	Proviso 08-09 Budget Bill Section 90.13 appropriated \$700,000 in non-recurring funding to Clemson University for LightRail.	\$0
9	H12	Clemson University	3228	Grants & Contracts	7506	Grants & Contracts-Private Sector	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Sponsored Research	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Reimbursement is collected from the private sector for sponsored research grant expenditures.	\$13,967,471
5	H12	Clemson University	3035	Operating Revenue	7602	Endowment	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Scholarships and Fellowships	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated from Agricultural and Perpetual stock held by the State Treasurer.	\$9,266
10	H12	Clemson University	4237	Schol & Student Aid-Invest	7602	Contri. & Dona-Gen Pub-Endow Income	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Scholarships and Fellowships	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated through income from donor-restricted endowments to provide scholarships.	\$2,619,325
14	H12	Clemson University	4723	Children's Education Endowment	7602	Restricted Appropriations	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Scholarships and Fellowships	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Reimbursement is collected from the state for state-funded scholarships.	\$43,826,431
12	H12	Clemson University	4241	Restricted Funds Other	7604	Contri. & Donations-Gen. Pub.	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Instruction (Colleges), Research and Public Service	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated through restricted contributions from donors to support the University's instruction, research and public service mission. Use of funds is legally restricted.	\$13,203,055
13	H12	Clemson University	4243	Clemson IPTAY-Investments	7604	Contri. & Donations-Gen. Pub.	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Scholarships and Fellowships, Auxiliary-Intercollegiate Athletics	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated through restricted contributions and donations from the general public to provide scholarships and to support the University's athletic program. Use of funds is legally restricted.	\$19,302,180
6	H12	Clemson University	3035	Operating Revenue	7840	Sales & Services-Educational Activities	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Instruction (Colleges), Research	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated from sales and services of instructional, laboratory, and research activities that incidentally create goods and services.	\$25,222,458

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Virginia Baumann
Contact Phone Number: 864-656-2422
Contact E-mail Address: vbauman@exchange.clemson.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
8	H12	Clemson University	4238	Auxiliary Enterprise	7841	Auxiliary Enterprises-Sales & Services	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	To collect and retain other funds from sources as decribed in "How Revenue is Generated"	Auxiliary-Student Housing, Auxiliary-Intercollegiate Athletics, Auxiliary-Food Services, Auxiliary-Bookstores, Auxiliary-Other	S.C. Code of Laws Section 59-119-20; Statutes at large 2-65-70.	Revenue is generated from sales and services by auxiliary enterprises.	\$113,789,294
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Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Virginia Baumann
Contact's Phone Number: 864-656-2422
Contact's E-mail Address: vbauman@exchange.clemson.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H12	Clemson University	3035,3036,3041	Operating Revenue/Higher Education Deposits/Revenue Clearing	4001, 5001, 7602, 7840	\$27,156,051	\$334,707,964	8.1%	The University had accounts payable in excess of \$19.4 million at FYE, payroll and related liabilities in excess of \$17 million, and other commitments and liabilities against cash balances.
2	H12	Clemson University	3228	Grants & Contracts	7506	\$0	\$13,967,471	0.0%	
3	H12	Clemson University	3463	PROVISO 90.13 FY 2008-2009 APPROP ACT	7283	\$0		0.0%	
4	H12	Clemson University	4237	Schol & Student Aid-Invest	7602	\$730,922	\$2,619,325	27.9%	Amounts on hand are legally restricted by external donors for specific scholarships.
5	H12	Clemson University	4241	Restricted Funds Other	7201, 7604	\$18,927,048	\$14,790,116	128.0%	Amounts on hand are legally restricted by external donors for instructional and departmental purposes.
6	H12	Clemson University	4243	Clemson IPTAY-Investments	7604	\$32,096,890	\$19,302,180	166.3%	Amounts on hand are legally restricted by external donors for Athletics scholarships.
7	H12	Clemson University	4238,4507	Auxiliary Enterprise/Revenue Bond Facilities Operations & Maintenance Fund	6601, 7841	\$84,587,224	\$115,972,562	72.9%	The University had deferred revenues in excess of \$24 million at FYE for housing, dining and other second summer and fall fees, and for the fall football season. Most proceeds are pledged for debt retirement by bond covenant.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Virginia Baumann
Contact's Phone Number: 864-656-2422
Contact's E-mail Address: vbauman@exchange.clemson.edu

		Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
8	H12		Clemson University	4723	Children's Education Endowment	7602	\$0	\$43,826,431	0.0%	Children's Education Endowment cash balances do not belong to Clemson University and are not reflected in the University's financial statements. The cash balances and disbursements reflected are administered by the State Treasurer's Office and the Commission on Higher Education.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H15	College of Charleston	3035	Operating Revenue	7201	Misc Revenue	Keypunch error; subfund should have been 3036.	Should be Subfund 3036, Revenue Object Code 7201.	See Subfund 3036, Revenue Object Code 7201.		N/A	N/A
3	H15	College of Charleston	3036	Higher Education Deposits	4001	Alloc from St Agencies	Palmetto Fellows Scholarships as provided in Section 59-104-20 and 25; LIFE Scholarships as provided in Section 59-149; HOPE Scholarships as provided in Section 59-150-370; Need Based Grants 59-142	See enabling statute or proviso in previous column	Lottery Scholarships and Need Based Grants to defray attendance costs for eligible students		Primarily lottery funds for Palmetto Fellows, Life, and Hope Scholarships, Need Based grants	\$17,159,213
4	H15	College of Charleston	3036	Higher Education Deposits	5001	Tuition & Student Fees	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to fund the Education and General mission of the College	Education and General		Revenue is generated through College Fees paid primarily by students. (Attached Fee Schedule 1).	\$119,597,589
5	H15	College of Charleston	3036	Higher Education Deposits	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to fund the Education and General mission of the College	Education and General		Revenue is generated through user and course fees paid primarily by students. (Attached Fee Schedule 2)	\$6,045,791
7	H15	College of Charleston	3036	Higher Education Deposits	7506	Other Operating Grants - Re	Sections 59-101-280, 59-101-345, 59-101- 630	To collect revenue from State agencies for reimbursement of expenditures made to support instructional, research and public service programs.	State Grants and Contracts		This revenue is generated from State grants that support instruction, research and public service programs.	\$322,959
9	H15	College of Charleston	3037	Special Deposits	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenues to administer designated programs primarily in support of student activities	Designated Programs		Revenue is generated through Student Activity Fees (Attached Fee Schedule 1) paid primarily by students for Student Govt. and Clubs.	\$1,851,722

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
10	H15	College of Charleston	3116	Auxiliary Enterprise	5001	Tuition & Student Fees	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenues to support Student Health Services	Auxiliary Services - Health Services		Revenue is generated through Health Fees (Attached Fee Schedule 1) paid primarily by students.	\$1,257,531
11	H15	College of Charleston	3116	Auxiliary Enterprise	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenues resulting primarily from Debit Card, Bookstore and Vending operations	Auxiliary Services - Bookstore, Debit Card, and Vending operations		Revenue is generated primarily from commissions on Bookstore and Vending Operations, plus building rental revenue	\$1,122,305
12	H15	College of Charleston	3116	Auxiliary Enterprise	7506	Other Operating Grants - Re	Keypunch error. Object code should be 7201	Should be Subfund 3116, Revenue Object Code 7201.	See Subfund 3116, Revenue Object Code 7201.		Keypunch error; subfund should have been 3116.	N/A
13	H15	College of Charleston	3116	Auxiliary Enterprise	7841	Sales & Services - Aux Enterprises	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenue to administer student athletic programs	Auxiliary Services - Athletics		Revenue is generated through ticket sales and commissions	\$11,219,590
15	H15	College of Charleston	3228	Grants & Contracts	7506	Other Operating Grants - Re	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston	To collect grant revenue awarded in support of research, instructional, public service and scholarship programs.	Instruction, Research, Public Service and Scholarship		Revenue is generated through grants awarded by governmental, private and non-profit organizations.	\$1,109,783
16	H15	College of Charleston	3228	Grants & Contracts	7603	Scholarship - Private Sector	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston	Foundation scholarship programs.	Scholarships		Revenue is generated through College of Charleston Foundation.	\$2,467,155

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
17	H15	College of Charleston	4238	Auxiliary Enterprise	4505	Parking Fee	Section 59-131 Parking Facilities; Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9, 89.12 and 89.62	To collect and retain revenue from parking to support operations, fund debt service and provide current and future improvements of facilities	Auxiliary Services - Parking		Revenue is generated through parking fees and fines collected from students, faculty, staff and visitors using the parking facilities.	\$1,324,636
18	H15	College of Charleston	4238	Auxiliary Enterprise	6601	Investment Earnings		To collect interest earned on revenue generated from housing, parking, and food services	Auxiliary Services - Parking, Food Services, Housing		This income represents interest earned from the auxiliary revenue restricted by debt service management.	\$206,229
19	H15	College of Charleston	4238	Auxiliary Enterprise	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to support housing and food service operations, fund debt service and provide current and future improvements of facilities	Auxiliary Services - Housing and Food Services		Revenue is generated through fees paid primarily by non-students for use of facilities and services during off-season periods. (Attached Fee Schedule 3)	\$462,868
20	H15	College of Charleston	4238	Auxiliary Enterprise	7841	Sales & Services - Aux Enterprises	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to support housing and food service operations, fund debt service and provide current and future improvements of facilities	Auxiliary Services - Housing and Food Services		Revenue is generated through fees paid primarily by students. (Attached Fee Schedule 3).	\$21,672,811

\$185,820,182

H15
COLLEGE OF CHARLESTON

REVENUE OBJECT CODE

DETAIL OF FEES

FY 2010-2011

COLLEGE OF CHARLESTON				
FEE SCHEDULE 1				
PER SEMESTER	UNDERGRADUATE FALL 2010 APPROVED	GRADUATE FALL 2010 APPROVED	UNDERGRADUATE SPRING 2011 APPROVED	GRADUATE SPRING 2011 APPROVED
FULL-TIME FEES (12 HOURS OR MORE)				
COLLEGE FEES	\$ 3,872	\$ 4,388	\$ 3,523	\$ 4,005
TUITION FEE	35	35	35	35
CAPITAL IMPROVEMENT FUND - E&G	615	615	615	615
ATHLETICS	476	476	476	476
HEALTH SERVICES	69	69	69	69
STUDENT ACTIVITIES	55	55	55	55
ECOLLECTIVE FEE	10	10	10	10
COMPUTER FEE	25	25	25	25
TOTAL IN-STATE	\$ 5,157	\$ 5,673	\$ 4,808	\$ 5,290
OUT-OF-STATE DIFFERENTIAL	\$ 6,429	\$ 7,072	\$ 6,778	\$ 7,455
TOTAL OUT-OF-STATE	\$ 11,586	\$ 12,745	\$ 11,586	\$ 12,745
PART-TIME FEES (11 HOURS OR LESS)				
PER SEMESTER HOUR IN-STATE	\$ 430	\$ 473	\$ 401	\$ 441
PER SEMESTER HOUR OUT-OF-STATE	\$ 965	\$ 1,062	\$ 965	\$ 1,062

COLLEGE OF CHARLESTON				
FEE SCHEDULE 2	UNDERGRADUATE	GRADUATE	UNDERGRADUATE	GRADUATE
LIST OF SPECIAL FEES	FALL 2010	FALL 2010	SPRING 2011	SPRING 2011
	APPROVED	APPROVED	APPROVED	APPROVED
PER SEMESTER				
APPLICATION FEE - UNDERGRADUATE - ELECTRONIC	\$ 50		\$ 50	
APPLICATION FEE - UNDERGRADUATE - PAPER	50		50	
APPLICATION FEE - GRADUATE - ELECTRONIC		\$ 45		\$ 45
APPLICATION FEE - GRADUATE - PAPER		75		75
UNDERGRADUATE ORIENTATION FEE	75		75	
CONVOCAION FEE	15		15	
GRADUATE ORIENTATION FEE		45		45
GRADUATION FEE	25	25	25	25
GRADUATION APPLICATION LATE FEE - UNDERGRADUATE	25		25	
GRADUATION APPLICATION LATE FEE - GRADUATE		25		25
TRANSCRIPT FEE	8	8	8	8
ADDITIONAL FEE FOR FAX	5	5	5	5
REGISTRATION FEE (PART-TIME)	5	5	5	5
LIBRARY FEE (PART-TIME)	5	5	5	5
ACTIVITY/HEALTH FEE (PART-TIME)	5	5	5	5
SCIENCE LABORATORY FEE	50	50	50	50
COMPUTER SCIENCE LAB FEE (PER COURSE)	30	30	30	30
LANGUAGE LAB FEE	35	35	35	35
APPLIED MUSIC FEE				
1/2 HOUR COURSE	225	225	225	225
1 HOUR COURSE	450	450	450	450
STUDIO ART FEES ("ARTS" COURSES)	30	30	30	30
PHOTOGRAPHY COURSES	40	40	40	40
ANTHROPOLOGY FIELD STUDY FEE				
3 HOUR COURSE	35	35	35	35
8 HOUR COURSE	50	50	50	50
ICE SKATING FEE	260	260	260	260
PE / HEALTH 202 LAB ACTIVITIES	125	125	125	125
OUTDOOR EDUCATION	225	225	225	225
SAILING FEE	90	90	90	90
GOLF FEE	35	35	35	35
SCUBA FEE	85	85	85	85
HORSEBACK RIDING	360	360	360	360
CONTRACT COURSES		140		140
OUT-OF-STATE DIFFERENTIAL		200		200
SPECIAL PROJECT CONTRACT COURSES				
3 HOUR COURSE		105		105
OUT-OF-STATE DIFFERENTIAL		150		150
2 HOUR COURSE		70		70
OUT-OF-STATE DIFFERENTIAL		100		100
1 HOUR COURSE		35		35
OUT-OF-STATE DIFFERENTIAL		50		50
STUDY ABROAD FEE	50	50	50	50
TEACHERS CADET FEE (HIGH SCHOOL)	50		50	
BILINGUAL INTERPRETING FEES				
APPLICATION FEE		50		50
LANGUAGE PROFICIENCY INTERVIEW FEE		75		75
INTERPRETING EXAM FEE		100		100
PER CREDIT HOUR FEE - IN-STATE		473		441
PER CREDIT HOUR FEE - OUT-OF-STATE		1,062		1,062
LABORATORY FEE / COURSE		70		70
MBA PROGRAM FEE		13,000		13,000
REACH PROGRAM:				
GENERAL PROGRAM FEE	16,000		16,000	
RESIDENTIAL SUPPORT - ON-CAMPUS RESIDENTS	3,300		3,300	
LIFE SKILLS INSTRUCTION - NON-CAMPUS RESIDENTS	1,600		1,600	
AUDIT FEE (PER CREDIT HOUR)	430	473	401	441
OUT-OF-STATE DIFFERENTIAL	535	589	564	621
SUMMER SCHOOL DS FEE (PER COURSE)	250	250	250	250
SENIOR CITIZENS REGISTRATION AND LAB FEES	25	25	25	25
DUPLICATE ID	10	10	10	10
PAYMENT CONVENIENCE FEE	45	45	-	-
RETURNED CHECK FEE	30	30	30	30
LATE PAYMENT FEE	3.75%	3.75%	3.75%	3.75%

COLLEGE OF CHARLESTON						
FEE SCHEDULE 3						
2010-2011 HOUSING & FOOD SERVICE FEES						
PER SEMESTER						
HOUSING						
				2010-2011 Approved		
Tier 1	Craig, Buist Rivers, College Lodge	Double	\$	2,602		
		Single	\$	2,993		
		RA's	\$	1,497		
Tier 2	Berry Hall, Rutledge Rivers, McConnell Hall	Double	\$	2,750		
		Single	\$	3,163		
		RA's	\$	1,582		
Historic Houses		Double	\$	2,973		
		Single	\$	3,419		
		RA's	\$	1,710		
	Historic house rates reflect the ability of students to remain in the facilities during the winter holiday break.					
Tier 3	McAlister Hall, Kelly House, Warren Place, George Street, Liberty Street	Double	\$	3,888		
		Single	\$	4,472		
		RA's	\$	2,236		
Grice		Double	\$	1,682		
	NOTE: Single rates are 15% above the double rate for all Tiers and the RA rates are 50% below the single rate.					
Summer Daily Student Rates:						
Tier 1		Double	\$	22.00		
		Single	\$	25.00		
Tier 2		Double	\$	23.00		
		Single	\$	26.75		
Historic Houses		Double	\$	25.25		
		Single	\$	29.00		
Tier 3		Double	\$	32.50		
		Single	\$	37.25		
	Summer rates conform with academic year resident daily rates.					
FOOD SERVICE						
				2010-2011 Approved		
21 Meals / Week	21 Board Meals / Week	ME	\$	1,550		
15 Meals / Week	Any 15 Board Meals / Week PLUS \$100 Dining Dollars	ME	\$	1,550		
10 Meals / Week	Any 10 Board Meals / Week PLUS \$175 Dining Dollars	ME	\$	1,550		
200 Meals / Term	Any 200 Board Meals / Semester PLUS \$50 Dining Dollars	ME	\$	1,550		
175 Meals / Term	Any 175 Board Meals / Semester PLUS \$100 Dining Dollars	ME	\$	1,550		
100 Meals / Term	Any 100 Board Meals / Semester PLUS \$175 Dining Dollars	ME	\$	1,025		
50/50	Any 50 Board Meals / Semester PLUS \$50 Dining Dollars	ME	\$	495		
Block 20	Any 20 Board Meals / Semester for Faculty and Staff	ME		\$135		
	NOTE: ME denotes availability of Meal Equivalency at either the Hungry Cougar or Einstein's Bagels					

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H15	College of Charleston	3035	Operating Revenue	7201	Misc Revenue	Keypunch error; subfund should have been 3036.	Should be Subfund 3036, Revenue Object Code 7201.	See Subfund 3036, Revenue Object Code 7201.		N/A	N/A
3	H15	College of Charleston	3036	Higher Education Deposits	4001	Alloc from St Agencies	Palmetto Fellows Scholarships as provided in Section 59-104-20 and 25; LIFE Scholarships as provided in Section 59-149; HOPE Scholarships as provided in Section 59-150-370; Need Based Grants 59-142	See enabling statute or proviso in previous column	Lottery Scholarships and Need Based Grants to defray attendance costs for eligible students		Primarily lottery funds for Palmetto Fellows, Life, and Hope Scholarships, Need Based grants	\$ 17,202,800.50
4	H15	College of Charleston	3036	Higher Education Deposits	5001	Tuition & Student Fees	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to fund the Education and General mission of the College	Education and General		Revenue is generated through College Fees paid primarily by students. (Attached Fee Schedule 1).	\$ 85,073,424.53
5	H15	College of Charleston	3036	Higher Education Deposits	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to fund the Education and General mission of the College	Education and General		Revenue is generated through user and course fees paid primarily by students. (Attached Fee Schedule 2)	\$ 2,796,265.76
7	H15	College of Charleston	3036	Higher Education Deposits	7506	Other Operating Grants - Re	Sections 59-101-280, 59-101-345, 59-101- 630	To collect revenue from State agencies for reimbursement of expenditures made to support instructional, research and public service programs.	State Grants and Contracts		This revenue is generated from State grants that support instruction, research and public service programs.	\$ 383,391.01
8	H15	College of Charleston	3036	Higher Education Deposits	7702	Insurance Claims		To collect insurance claim reimbursements.	Miscellaneous		This revenue represents reimbursements from insurance companies for claims filed to replace damaged property.	Less than \$100K

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
9	H15	College of Charleston	3037	Special Deposits	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenues to administer designated programs primarily in support of student activities	Designated Programs		Revenue is generated through Student Activity Fees (Attached Fee Schedule 1) paid primarily by students for Student Govt. and Clubs.	\$ 763,454.24
10	H15	College of Charleston	3116	Auxiliary Enterprise	5001	Tuition & Student Fees	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenues to support Student Health Services	Auxiliary Services - Health Services		Revenue is generated through Health Fees (Attached Fee Schedule 1) paid primarily by students.	\$ 1,448,521.81
11	H15	College of Charleston	3116	Auxiliary Enterprise	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenues resulting primarily from Debit Card, Bookstore and Vending operations	Auxiliary Services - Bookstore, Debit Card, and Vending operations		Revenue is generated primarily from commissions on Bookstore and Vending Operations	\$ 353,622.61
12	H15	College of Charleston	3116	Auxiliary Enterprise	7506	Other Operating Grants - Re	Keypunch error. Object code should be 7201	Should be Subfund 3116, Revenue Object Code 7201.	See Subfund 3116, Revenue Object Code 7201.		Keypunch error; subfund should have been 3116.	N/A
13	H15	College of Charleston	3116	Auxiliary Enterprise	7841	Sales & Services - Aux Enterprises	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect revenue to administer student athletic programs	Auxiliary Services - Athletics		Revenue is generated through ticket sales and commissions	\$ 3,059,365.55
14	H15	College of Charleston	3228	Grants & Contracts	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston	To collect grant revenue awarded in support of research, instructional, public service and scholarship programs.	Instruction, Research, Public Service and Scholarship		Revenue is generated through grants awarded by governmental, private and non-profit organizations.	Less than \$100K

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
15	H15	College of Charleston	3228	Grants & Contracts	7506	Other Operating Grants - Re	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston	To collect grant revenue awarded in support of research, instructional, public service and scholarship programs.	Instruction, Research, Public Service and Scholarship		Revenue is generated through grants awarded by governmental, private and non-profit organizations.	\$ 2,141,227.24
16	H15	College of Charleston	3228	Grants & Contracts	7603	Scholarship - Private Sector	Sections 59-101 Colleges and Universities Generally; Section 59-130 College of Charleston	Foundation scholarship programs.	Scholarships		Revenue is generated through College of Charleston Foundation.	\$ 309,463.00
17	H15	College of Charleston	4238	Auxiliary Enterprise	4505	Parking Fee	Section 59-131 Parking Facilities; Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9, 89.12 and 89.62	To collect and retain revenue from parking to support operations, fund debt service and provide current and future improvements of facilities	Auxiliary Services - Parking		Revenue is generated through parking fees and fines collected from students, faculty, staff and visitors using the parking facilities.	\$ 2,936,900.97
18	H15	College of Charleston	4238	Auxiliary Enterprise	6601	Investment Earnings		To collect interest earned on revenue generated from housing, parking, and food services	Auxiliary Services - Parking, Food Services, Housing		This income represents interest earned from the auxiliary revenue restricted by debt service management.	\$ 206,229.19
19	H15	College of Charleston	4238	Auxiliary Enterprise	7201	Misc. Revenue	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to support housing and food service operations, fund debt service and provide current and future improvements of facilities	Auxiliary Services - Housing and Food Services		Revenue is generated through fees paid primarily by non-students for use of facilities and services during off-season periods. (Attached Fee Schedule 3)	\$ 481,989.20

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Priscilla D. Burbage
Contact Phone Number: 843 953-5578
Contact E-mail Address: burbagep@cofc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H15	College of Charleston	4238	Auxiliary Enterprise	7841	Sales & Services - Aux Enterprises	Sections 59-101 Colleges and Universities Generally; 59-112 et.seq. Determination of Rates of Tuition and Fees; 59-130 College of Charleston; Provisos 89.9 and 89.12	To collect and retain revenue to support housing and food service operations, fund debt service and provide current and future improvements of facilities	Auxiliary Services - Housing and Food Services		Revenue is generated through fees paid primarily by students. (Attached Fee Schedule 3).	\$ 27,813,456.12

\$ 144,970,111.73

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Priscilla D. Burbage
Contact's Phone Number: 843 953-5578
Contact's E-mail Address: burbagep@cofc.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance		FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H15	College of Charleston	3036	Higher Education Deposits	2802, 2805, 4001, 5001, 7201, 7202, 7505, 7506, 7702, 7861	\$13,515,335.00		103,803,736.00	13.0%	No explanation required.
2	H15	College of Charleston	3037	Special Deposits	7201, 7603	\$0.00		779,661.33	0.0%	No explanation required.
3	H15	College of Charleston	3041	Revenue Clearing		\$3,100.00		-	#DIV/0!	Revenue clearing subfund, no disbursements.
4	H15	College of Charleston	3116	Auxiliary	4505, 5001, 7201, 7506, 7841	\$861,132.00		6,130,152.00	14.0%	Auxiliary Enterprises are required to be fully self-supporting with revenue sufficient to pay all operating costs, fund administrative overhead costs, and to provide for maintenance of facilities including capital improvement of those facilities.
5	H15	College of Charleston	4238	C of C Dorm RR	4505, 6601, 7201, 7841, 8803	\$6,440,130.00		21,060,000.00	30.6%	Auxiliary Enterprises are required to be fully self-supporting with revenue sufficient to pay all operating costs, fund administrative overhead costs, and to provide for maintenance of facilities including capital improvements of those facilities. Additionally, funds must be on hand to secure the next payment of the principal and interest (debt service) of outstanding bonds and and maintain the necessary bond coverage ratios prescribed in the continuing disclosure requirements of the bonds.

131,773,549.33

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Heather Brady
Contact Phone Number: 843-349-2759
Contact E-mail Address: hwalbrin@coastal.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H17	Coastal Carolina University	3035	Operating Revenue	5001	Tuition and Student Fee	SC Title 59, Chapter 112, Section 59-112-10 thru Section 59-112-110	Funds collected from students for the payment of tuition and other student fees.	University services provided to students	SC Title 59, Chapter 136, Article 1, Section 59-136-130	Funds are collected from attending students as follows: Further detail submitted separately.	\$133,110,852
2	H17	Coastal Carolina University	3035	Operating Revenue	7702	Insurance Claims	SC Title 1, Chapter 11, Article 1, Section 1-11-140	Funds collected from Insurance Reserve Fund for insurance claims.	Repair damages to University property		Claims filed with the Insurance Reserve Fund operated by the State Budget and Control Board, through the Office of Insurance Services.	\$25,156
3	H17	Coastal Carolina University	3035	Operating Revenue	7803	Sale of Services	SC General Appropriations Bill-H. 4657, Part 1B, Section 6.3	Funds received for the Access/Equity Grant.	Supplement their access and equity programs		Funds are collected from the South Carolina Commission on Higher Education bi-annually to supplement access and equity programs servicing our students. The Commission dictates the amount we receive.	\$5,056
4	H17	Coastal Carolina University	3035	Operating Revenue	7820	Sale of Surplus Materials and Supplies	SC Title 1, Chapter 11, Article 1, Section 1-11-58	Proceeds from property sold by State Surplus Property.	Purchase of new material/supplies		University property sold by State Surplus Property operated by State Budget and Control Board, through the Office of Internal Operations.	\$6,988
5	H17	Coastal Carolina University	3035	Operating Revenue	7854	Sale of Machinery and Equipment (Capitalized)	SC Title 1, Chapter 11, Article 1, Section 1-11-58	Proceeds from property sold by State Surplus Property.	Purchase of new material/supplies		University property sold by State Surplus Property operated by State Budget and Control Board, through the Office of Internal Operations.	\$3,130
6	H17	Coastal Carolina University	3035	Operating Revenue	7856	Sale of Other Capitalized Assets	SC Title 1, Chapter 11, Article 1, Section 1-11-58	Proceeds from property sold by State Surplus Property.	Purchase of new material/supplies		University property sold by State Surplus Property operated by State Budget and Control Board, through the Office of Internal Operations.	\$2,259
7	H17	Coastal Carolina University	4723	Children's Education Bond	4001	Allocations from State Agencies	SC General Appropriations Bill-H. 3560, Part 1B, Section 6	Funds received from the State's Commission on Higher Education for the Needs Based Grant	Student scholarships programs		Funds are collected from the South Carolina Commission on Higher Education bi-annually to cover the Need Based Grant program offered to our students. The Commission dictates the amount we receive.	\$1,095,421
8												
9												

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Heather Brady
Contact's Phone Number: 843-349-2759
Contact's E-mail Address: hwalbrin@coastal.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H17	Coastal Carolina University	3035	Operating Revenue	5001 7702 7803 7820 7854 7856	\$9,191,024	\$806	1140212.4%	The majority of our cash flows come in August and January of each year when the Fall and Spring semesters start. The funds available at the end of the fiscal year are essential to keeping a positive cash flow until the Fall semester begins.
2	H17	Coastal Carolina University	4723	Children's Education Endo	4001			#DIV/0!	

Coastal Carolina University

REVENUE OBJECT CODE

DETAIL of FEES

FY 2010-11

Tuition and Student Fee (3035)

Tuition and Student Fees:

**2010 - 2011 Academic Year
Fall 2010 through Summer 2011**

UNDERGRADUATE ACADEMIC FEES - TUITION - PER TERM¹

	Full-Time (12-18 credit hours)		Part-Time (< 12 credit hours)	
	In-State	Out-of-State	In-State	Out-of-State
Tuition - Operating Budget	\$3,785.00	\$9,050.00	\$382.00 /credit hour	\$830.00 /credit hour
Tuition - Debt Service	\$525.00	\$525.00	\$N/A	\$N/A
Tuition - Renovation Expansion	\$150.00	\$150.00	\$N/A	\$N/A
Tuition - Athletics	\$175.00	\$350.00	\$6.00	\$13.00
Tuition - University Athletic/Student Activities Contingency	\$20.00	\$20.00	\$2.00	\$2.00
Tuition - Academic Technology Fee²	\$40.00	\$40.00	\$40.00	\$40.00
Tuition - TOTAL	\$4,695.00	\$10,135.00	N/A	N/A

Important Note regarding Tuition:

This year, in an effort to increase transparency regarding how Coastal Carolina University uses academic fees/tuition to fund its operations, the University determined a need to breakdown the fees into the elements of its budget that your fees support. This includes funding fiscal year operating costs (**Tuition - Operating Budget**), monies to retire debt incurred to fund construction of existing University infrastructure (**Tuition - Debt Service**), monies to provide resources for renovation and expansion to educational and student facilities (**Tuition - Renovation Expansion**), monies to support the athletic program (**Tuition - Athletics**), and monies to meet athletic and student activities contingencies (**Tuition - University Athletic/Student Activities Contingency**). Prior years' fees included the same budgetary categories. However, it was presented in a consolidated line item labeled "tuition".

(1) Students registered for more than 18 credit hours will be charged at the part-time hourly rate for each credit hour above 18.

(2) Academic Technology Fee assessed for class load of 6 or more hours.

GRADUATE NON-MBA ACADEMIC FEES - TUITION - PER CREDIT HOUR - PER TERM

	In-State	Out-of-State
Tuition - Operating Budget	\$387.00	\$495.00
Tuition - Debt Service	\$10.00	\$10.00
Tuition - Renovation & Expansion	\$15.00	\$15.00
Tuition - Athletics	\$6.00	\$13.00
Tuition - University Athletic/Student Activities Contingency	\$2.00	\$2.00
Tuition - Total ²	\$420.00	\$535.00
Tuition - Academic Technology Fee ²	\$40.00	\$40.00

(1) Students registered for more than 18 credit hours will be charged at the part-time hourly rate for each credit hour above 18.

(2) Academic Technology Fee assessed for class load of 6 or more hours.

GRADUATE MBA ACADEMIC FEES - TUITION - PER CREDIT HOUR - PER TERM

	In-State	Out-of-State
Tuition - Operating Budget	\$455.00	\$522.00
Tuition - Debt Service	\$10.00	\$10.00
Tuition - Renovation & Expansion	\$15.00	\$15.00
Tuition - Athletics	\$6.00	\$13.00
Tuition - University Athletic/Student Activities Contingency	\$2.00	\$2.00
Tuition - Total ²	\$488.00	\$562.00
Tuition - Academic Technology Fee ²	\$40.00	\$40.00

(1) Students registered for more than 18 credit hours will be charged at the part-time hourly rate for each credit hour above 18.

(2) Academic Technology Fee assessed for class load of 6 or more hours.

OTHER FEES

Applied Course Fee on select music courses ³	\$200.00
Business Major Fee	\$15.00
Diploma Application Fee	\$25.00
Replacement Student ID Card	\$20.00
Lab Fees on select courses ³	\$50.00 to \$200.00
Parking Decal ⁴	\$50.00
PGM Fees	\$540.00 to \$1,265.00
Travel Courses	\$270.00 /cr hr (in- or out-of-state)

(3) See [Office of the Registrar](#) Web site for detailed lab and course fees.

(4) Parking Decal is required for all students who will use and park vehicles on University property. The decal is valid for the full academic year.

Main Campus Housing⁵

	Fall	Spring	Maymester	Summer I	Summer II
2 Bedroom	\$2,375.00	\$2,375.00	\$519.00	\$627.00	\$627.00
3 Person Occupancy	\$2,375.00	\$2,375.00	\$519.00	\$627.00	\$627.00
Private BR Quad	\$2,595.00	\$2,595.00	\$565.00	\$682.00	\$682.00

University Place Housing - Existing Contract

	Fall	Spring	Summer I	Summer II
1 Bedroom	\$3,655.00	\$3,655.00	\$755.00	\$755.00
2 Bedroom	\$3,320.00	\$3,320.00	\$734.00	\$734.00
3 Bedroom	\$3,160.00	\$3,160.00	\$664.00	\$664.00
4 Bedroom	\$3,000.00	\$3,000.00	\$651.00	\$651.00

Residents of University Place have a \$50 monthly electrical usage allotment per resident for the school year.

University Place Housing - No Prior Contract

	Maymester	Summer I	Summer II
No Contract 1 Bed	\$770.00	\$770.00	\$770.00
No Contract 2 Bed	\$764.00	\$764.00	\$764.00
No Contract 3 Bed	\$724.00	\$724.00	\$724.00
No Contract Quad	\$690.00	\$690.00	\$690.00

Residents of University Place have a \$50 monthly electrical usage allotment per resident for the school year.

Meal Plans

	Fall	Spring	Maymester	Summer I	Summer II
Base Meal Plans	\$1,300.00	\$1,300.00	\$N/A	\$N/A	\$N/A

(5) One of the base meal plans is required for all freshmen and sophomores living in campus housing for Fall and Spring. Other meal plan options are available for all other students. Details on other meal plan options can be found at <http://www.coastal.edu/aramark>.

Residential and dining hall opening and closing dates are specified on the University academic calendar.

Academic Year 2010-2011 Lab and Applied Course Fees

Course Fee (\$)	Course Fee (\$)	Course Fee (\$)	Course Fee (\$)
ANTH 101L 50	ARTS 372 85	BIOL 442L 40	CSCI 150L 35
ANTH 102L 50	ARTS 373 85	BIOL 450L 30	CSCI 203L 35
ANTH 320 50	ARTS 381 45	BIOL 451 40	CSCI 205 35
ARTD 201 35	ARTS 382 45	BIOL 455L 30	CSCI 206 35
ARTD 202 40	ARTS 399 35	BIOL 461L 35	CSCI 207 35
ARTD 205 40	ARTS 411 35	BIOL 475L 30	CSCI 208 35
ARTD 301 40	ARTS 412 35	BIOL 481L 30	CSCI 209 35
ARTD 302 40	ARTS 421 45	BIOL 482L 30	CSCI 210 35
ARTD 303 35	ARTS 422 45	BIOL 484L 30	CSCI 220 35
ARTD 305 40	ARTS 471 85	BIOL 485L 30	CSCI 335 35
ARTD 306 40	ARTS 472 85	BIOL 488L 30	CSCI 370 35
ARTD 308 35	ARTS 481 45	BIOL 526L 30	CSCI 399 35
ARTD 400 35	ARTS 482 45	BIOL 536L 35	CSCI 409L 35
ARTD 401 40	ARTS 495 35	BIOL 542L 40	CSCI 410 35
ARTD 402 40	ARTS 496 35	BIOL 551 40	CSCI 415 35
ARTE 329 35	ARTS 499 40	BIOL 555L 30	CSCI 420 35
ARTE 340 35	ASTR 101L 30	BIOL 561L 35	CSCI 425 35
ARTE 349 35	BINF 101L 35	BIOL 581L 30	CSCI 430 35
ARTE 379 40	BIOL 101L 30	BIOL 584L 30	CSCI 440 35
ARTE 540 50	BIOL 121L 35	BIOL 585L 30	CSCI 490 35
ARTE 550 45	BIOL 122L 35	BIOL 588L 30	EDAD 600 74
ARTE 595 50	BIOL 232L 35	BIOL 778L 30	EDEC 340 25
ARTS 103 35	BIOL 242L 35	CBAD 483 100	EDEL 343 25
ARTS 104 45	BIOL 302L 30	CHEM 101L 35	EDLD 400 30
ARTS 111 35	BIOL 310L 35	CHEM 102L 35	EDPE 131 24
ARTS 112 35	BIOL 315L 35	CHEM 111L 35	EDPE 131 74
ARTS 204 45	BIOL 321L 30	CHEM 112L 35	EDPE 303 30
ARTS 206 85	BIOL 325L 30	CHEM 321L 35	EDPE 304 30
ARTS 207 85	BIOL 328L 30	CHEM 331L 35	EDPE 305 30
ARTS 208 45	BIOL 330L 40	CHEM 332L 35	EDSC 546 74
ARTS 211 35	BIOL 340L 40	CHEM 351L 35	EDUC 111 24
ARTS 212 35	BIOL 343L 35	CHEM 352L 35	EDUC 111 74
ARTS 213 30	BIOL 349L 30	CHEM 411L 35	ENVI 201L 30
ARTS 231 45	BIOL 350L 40	CHEM 422L 35	ENVI 331L 30
ARTS 232 45	BIOL 365L 30	CHEM 433L 35	ENVI 420L 30
ARTS 261 45	BIOL 370L 30	CHEM 441L 35	EXSS 122 30
ARTS 311 35	BIOL 405L 30	CHEM 442L 35	EXSS 330 35
ARTS 312 35	BIOL 410L 30	CHEM 450L 35	EXSS 350L 25
ARTS 313 30	BIOL 411L 40	CHEM 499 35	EXSS 385 30
ARTS 321 45	BIOL 417L 30	CHEM 709 35	EXSS 400L 25
ARTS 322 45	BIOL 423L 30	CSCI 105 35	GEOL 102L 30
ARTS 331 35	BIOL 423L 35	CSCI 106 35	GEOL 111L 30
ARTS 332 35	BIOL 426L 30	CSCI 110 35	GEOL 112L 30
ARTS 361 45	BIOL 427L 30	CSCI 111 35	GEOL 304L 30
ARTS 362 50	BIOL 429L 30	CSCI 120 35	GEOL 316L 30
ARTS 363 50	BIOL 432L 40	CSCI 130L 35	GEOL 318L 30
ARTS 371 85	BIOL 436L 35	CSCI 140L 35	HPRO 235 35

Course Fee (\$)		Course Fee (\$)		Course Fee (\$)		Course Fee (\$)	
MATH 242L	30	MUS 102	200	MUS 421	200	PHYS 213L	30
MSCI 101L	30	MUS 103	200	MUS 422	200	PHYS 214L	30
MSCI 102L	30	MUS 104	200	MUS 431	200	PSYC 226L	30
MSCI 103	30	MUS 105	200	MUS 432	200	PSYC 483L	30
MSCI 111L	35	MUS 106	200	MUS 441	200	PSYC 497L	30
MSCI 112L	35	MUS 111	200	MUS 442	200	RSM 315	35
MSCI 201L	30	MUS 112	200	MUS 451	200	SOC 331L	30
MSCI 230	190	MUS 121	200	MUS 452	200	UNIV 150	25
MSCI 301L	30	MUS 122	200	MUS 461	200		
MSCI 302L	30	MUS 131	200	MUS 462	200		
MSCI 304L	30	MUS 132	200	NUR 305L	25		
MSCI 305L	40	MUS 141	200	PALS 104	35		
MSCI 311L	30	MUS 142	200	PALS 105	25		
MSCI 316L	30	MUS 151	200	PALS 106	35		
MSCI 318L	30	MUS 152	200	PALS 107	35		
MSCI 321L	30	MUS 161	200	PALS 109	35		
MSCI 331L	30	MUS 162	200	PALS 114	25		
MSCI 355L	40	MUS 167	40	PALS 117	35		
MSCI 376L	35	MUS 168	40	PALS 118	35		
MSCI 401L	40	MUS 175	40	PALS 125	35		
MSCI 402L	40	MUS 176	40	PALS 126	35		
MSCI 416L	35	MUS 211	200	PALS 127	35		
MSCI 420L	30	MUS 212	200	PALS 128	35		
MSCI 445L	30	MUS 221	200	PALS 130	35		
MSCI 455L	30	MUS 222	200	PALS 133	35		
MSCI 457L	30	MUS 231	200	PALS 134	35		
MSCI 458L	35	MUS 232	200	PALS 136	25		
MSCI 471L	30	MUS 241	200	PALS 155	25		
MSCI 472L	35	MUS 242	200	PALS 156	25		
MSCI 474L	30	MUS 251	200	PALS 161	25		
MSCI 475L	35	MUS 252	200	PALS 162	35		
MSCI 476L	30	MUS 261	200	PALS 163	35		
MSCI 478L	30	MUS 262	200	PALS 169	25		
MSCI 479L	35	MUS 311	200	PALS 170	35		
MSCI 487L	35	MUS 312	200	PALS 171	190		
MSCI 488L	35	MUS 321	200	PALS 172	170		
MSCI 489L	35	MUS 322	200	PALS 174	195		
MSCI 495L	30	MUS 331	200	PALS 175	35		
MSCI 499	35	MUS 332	200	PALS 176	35		
MUED 165	40	MUS 341	200	PHED 181	80		
MUED 166	40	MUS 342	200	PHED 182	120		
MUED 391	75	MUS 351	200	PHYS 101L	30		
MUED 392	75	MUS 352	200	PHYS 102L	30		
MUED 492	75	MUS 361	200	PHYS 103L	30		
MUED 542	25	MUS 362	200	PHYS 201L	30		
MUED 561	75	MUS 395A	200	PHYS 202L	30		
MUED 562	75	MUS 395B	200	PHYS 203L	30		
MUED 662	75	MUS 411	200	PHYS 211L	30		
MUS 101	200	MUS 412	200	PHYS 212L	30		

NOTE: Fees also apply to course numbers with suffixes such as “A” or “B” (example: 104A, 104B)

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brinda A. Jones
Contact's Phone Number: 843-661-1131
Contact's E-mail Address: bjones@fmarion.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H18	FMU	3036	Higher Education Deposits	5001	\$226,236	\$17,067,193	1.3%	N/A
2	H18	FMU	3116	Auxiliary Enterprise	7802	\$0	\$3,581,167	0.0%	N/A
3	H18	FMU	3417	Special Operating	7506	\$583,262	\$14,621,022	4.0%	N/A
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tom Covar
Contact Phone Number: 864.388.8305
Contact E-mail Address: tcovar@lander.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H21	Lander University	3035	Other Operating	4001	Allocations from State Agencies	Section 59-135-30 (8),(10); Section 59-112-10	To collect revenue from LIFE, Palmetto Fellows, HOPE, Needbased Grants, National Guard, CLIA	Education and General for the entire University.	Proviso 89.9	Students receive state grants to pay tuition and fees that are then used for faculty and staff salaries and offset the costs associated with daily operations of the university.	\$6,277,204
H21	Lander University	3035	Other Operating	5001	Tuition and Student Fee	Section 59-135-30 (8),(10); Section 59-112-10	To collect revenue generated from the assessment of student tuition and fees paid with cash, check or credit card	Education and General for the entire University.	Proviso 89.9	Students that attend the University pay tuition and fees that are used for faculty and staff salaries and offset the costs associated with daily operations of the university.	\$2,902,550
H21	Lander University	3035	Other Operating	7840	Sales and Services Educational HE	Section 59-135-30 (8),(10)	To collect revenue generated from educational activities such as selling items and providing specific services	Education and General for the entire University.	Proviso 89.9	The majority of these dollars are generated through the University's Study Tour program. This program is open to students and the community at large. Individuals wishing to be part of the annual tour pay all the costs associated with the trip and funds move in and out all year ultimately zeroing out. Copier income is deposited into this account. Faculty that sell their own course material in the University Bookstore is deposited into this account as well.	\$79,238
H21	Lander University	3036	Higher Education Deposits	5001	Tuition and Student Fee	Section 59-135-30 (8),(10); Section 59-112-10	To collect revenue generated from the assessment of student tuition and fees	Education and General for the entire University.	Proviso 89.9	Students that attend the University pay tuition and fees that are used for faculty and staff salaries and offset the costs associated with daily operations of the university.	\$404,908
H21	Lander University	3116	Auxiliary Enterprises	5001	Tuition and Student Fee	Section 59-135-30 (8),(10); Section 59-112-10	To collect revenue generated from the assessment of student tuition and fees	Auxiliary Enterprises: Housing, Bookstore and Food Service.	Proviso 89.9	Students that live on-campus pay semester housing costs to live in one of the university's dormitories. On-campus students as well as commuter students purchase meal plans and the sell of books and other items from the Bearcat shop (university bookstore).	\$2,089,746
H21	Lander University	3232	Designated Funds	7840	Sales and Services Educational HE	Section 59-135-30 (8),(10)	To collect revenue generated from educational activities such as selling items and providing specific services	Education and General for the entire University.	Proviso 89.9	Divisions of the University often have the need to provide services that generate dollars but then off-set this generated revenue with expenditures. Designated funds are designed to zero at the conclusion of its purpose. Examples include: Student Activities functions such as a spring break cruise, Freshman EXPO orientation program, flu shots, student physicals, continuing educaton etc.	\$493,980
H21	Lander University	4597	Special Deposits	5001	Tuition and Student Fee	Section 59-135-30 (8),(10); Section 59-112-10	To collect revenue generated from the assessment of student tuition and fees	Auxiliary Enterprises: Housing, Bookstore and Food Service.	Proviso 89.9	Students that live on-campus pay semester housing costs to live in one of the university's dormitories. On-campus students as well as commuter students purchase meal plans and the sell of books and other items from the Bearcat shop (university bookstore).	\$9,390,055

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tom Covar
Contact Phone Number: 864.388.8305
Contact E-mail Address: tcovar@lander.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
10	H21	Lander University	43B1	Education Lottery Account	4001	Allocations from State Agencies	Section 59-150-350, 355	To collect Lottery Technology Funds	Technology	Proviso 2.2	Appropriated Lottery Funds	\$315,082
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Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Tom Covar
Contact's Phone Number: 864.388.8305
Contact's E-mail Address: tcovar@lander.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H21	Lander University	3035	Other Operating	7840 7841 5001 7603 4001	\$30	\$4,549,884	0.0%	
2	H21	Lander University	3036	Higher Education Deposits	5001	\$0	\$404,909	0.0%	
3	H21	Lander University	3116	Auxiliary Enterprise	5001	\$0	\$1,763,669	0.0%	
4	H21	Lander University	3232	Designated Funds	7840	\$0	\$385,950	0.0%	
5	H21	Lander University	4597	Special Deposits	5001	\$7,719,950	\$12,076,193	63.9%	The year end cash balance is restricted for the use of Auxiliary Enterprises to include the recurring maintenence of Lander's Housing activities. Much of the maintenance, renovation and upkeep on our dormitories are performed after the students leave in June. Maintenance activities include HVAC replacements, painting, furniture rotation. At the end of the fiscal year the university's food service contractor is required to repay the beginning of the year start up cost as per the terms of our agreement. This return is a sizable amount that will, in turn, be re-issued in August to start the fall semester.
6	H21	Lander University	43B1	Education Lottery Account	4001	\$321,402	\$181,746	176.8%	SECTION 59- 150-356. Use of Education Lottery funds for technology dictates that these funds be used for only the University's technology program. As a result, Lander has formed a committee to ensure that these funds are spent in compliance with the law. At year end, the committee had committed all the funds but the bills have not been paid. All of these funds have been spent in FY 2012 to start the fall term in September.
7								#DIV/0!	

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: James Ross, University Budget Analyst
Contact Phone Number: (803) 536-8531
Contact E-mail Address: jross19@scsu.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
1	H24	SCSU	3035	OPERATING REVENUE	4001	ALLOC FROM ST AGENCIES	STAT.1976.SEC 59-150-370	HOPE SCHOLARHIP FUNDS	Funds used for the daily operations of the university..	NONE	Funds are generated from persons accepted by the 4 yr degree program at South Carolina State University who have graduated from a qualifying graduating class of the state (SEC 59-103-5) and at the time of graduation has maintained 3.0 GPA based on the Uniformed Grading Scale and have not been convicted of a crime and has not been awarded a LIFE or Pametto Fellows Scholarship. A total of \$5,000.00 is awarded to each student to be disbursed as \$2,500.00 per semester.	
2	H24	SCSU	3035	OPERATING REVENUE	5001	TUITION AND STUDENT FEES		To record/track daily cash receipts from our Cashier's office	Funds used for the daily operations of the university	NONE	In-state/Out-of-state students pay fees based on full-time/part-time enrollment status per semester, parking violation fees, graduation fees, etc. The monies collected by the Cashier's Office flows thru this subfund to be transferred to the University Operating/ Expense Account at Bank of America.	\$43,382,028
3	H24	SCSU	3037	SPECIAL DEPOSITS	4001	ALLOC FROM ST AGENCIES	/SEC 59-104-20	LIFE SCHOLARSHIP/PALMETTO FELLOWS SCHOLARSHIPS	Funds used for the daily operations of the university	NONE	Funds are generated from students that have enrolled and/or existing students that have met the guidelines that have been set by S.C. Commission on Higher Education, S. C. Legislature and S.C. State University. The LIFE Scholarship Award is \$5000 which is set by the S.C. General Assembly each academic year	
4	H24	SCSU	43B1	EDUC LOTTERY	7221	MISC TRANSFER-OTHER FUNDS	ACT 356	To help fully fund the LIFE, HOPE, Palmetto Fellows Scholarships	To help fully fund the LIFE, HOPE, Palmetto Fellows Scholarships and used for the daily operations of the university	NONE	The S.C. General Assembly appropriated these funds from the Education Lottery Account to enhance the education of students attending 2 year or 4 year college institutions. These funds are transferred via The Budget and Control Board to be disbursed to the designated agency usually on a quarterly basis	
5												

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Roberta Fogle
Contact's Phone Number: (803) 536-8226
Contact's E-mail Address: robfgole@scsu.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H24	SCSU	3035	OPERATING REVENUE	2822 4001 5001 7221 7262 7802	\$0	\$18,858,705	0.0%	NONE
2	H24	SCSU	3116	AUXILIARY ENTERPRISE	5001 6601	\$0	\$0	#DIV/0!	NONE
3	H24	SCSU	3580	SCHOLARSHIPS & STUDENT AIDS	4001	\$0	\$37,689	0.0%	NONE
4	H24	SCSU	4238	AUX ENTERP-INVEST	7221	\$1	\$0	#DIV/0!	NONE
5	H24	SCSU	43B1	EDUCATION LOTTERY	7221	\$0	\$2,500,000	0.0%	NONE
6	H24	SCSU	4588	ATHLETIC FUNDS	6601	\$1	\$0	#DIV/0!	NONE
7	H24	SCSU	4723	CHILDREN'S EDUC ENDOWMENT	6601	\$31,850	\$0	#DIV/0!	NONE

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
Contact E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H27	USC - Columbia	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	Numerous references throughout S. C. Code of Laws, Section 59, Chapter 101, [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provided separately.	\$638,964,091
H27	USC - Columbia	34E4	Non-recurring Revenue	7283	Fiscal Year 2009 Proviso 90.13 Non-recurring Revenue	CAN BE DELETED NOT FUNDED SINCE FY2009	Special Below the Line funded item for FY2008 and FY2009	SC Lightrail Project	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Special collaborative project between USC Columbia, Clemson and MUSC designed to link the data for the three research universities	
H27	USC - Columbia	4973	EIA funding	5001	Allocation from state agencies	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	S.C. Code of Laws, [SC ST SEC 59-1-525]	Instruction/Professional Development	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Grant applications are reviewed and approved by the State Department of Education	\$548,156

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Leslie Brunelli
Contact's Phone Number: (803) 777-1967
Contact's E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H27	USC Columbia	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$6,806,354	\$631,162,185	1.1%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Revenues from these sources are not received in a timely manner and may cross fiscal years. Funding may be used for strategic initiatives as approved by the USC Board of Trustees and Administration. Operating revenue funds exceeding this amount are used in future years to partially offset bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, unforeseen budget items necessary to ensure security, health and safety, and state funding cuts.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
3 H27	USC Columbia	4973	Educ Improvement Act	5001	\$0	\$548,156	0.0%	None

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC COLUMBIA (2)					
GENERAL					
UNDERGRADUATE - RESIDENT - TUITION	3	4,693	4,884	400	407
UNDERGRADUATE - NONRESIDENT - TUITION		12,481	12,976	1,050	1,082
UNDERGRADUATE - NONRESIDENT - SCHOLARSHIP - WOODROW & DEPARTMENTAL		6,864	7,140	572	595
UNDERGRADUATE - NONRESIDENT SCHOLARSHIP - GENERAL UNIVERSITY	4	4,693	4,884	400	407
UNDERGRADUATE - NONRESIDENT - SCHOLARSHIP - ATHLETICS	5	7,488	7,140	624	595
UNDERGRADUATE - NONRESIDENT - SCHOLARSHIP - SIMS	6	0	9,226	0	769
ACTIVE DUTY MILITARY - TUITION	7	2,748	2,850	229	238
UNDERGRADUATE - RESIDENT, NONRESIDENT SCHOLARSHIP, ACTIVE DUTY MILITARY - 17 HOURS AND ABOVE	8	80	80		
UNDERGRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	208	208		
GRADUATE - RESIDENT - TUITION	9	5,245	5,458	440	455
GRADUATE - NONRESIDENT - TUITION	9	11,275	11,722	945	977
GRADUATE - RESIDENT - 17 HOURS AND ABOVE	8	80	80		
GRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	170	170		
TECHNOLOGY FEE		200	200	17	17
APPLICATION FEE - NON-DEGREE STUDENT - UNDERGRADUATE		10	10		
APPLICATION FEE - UNDERGRADUATE	10	50	50		
APPLICATION FEE - GRADUATE		50	50		
APPLICATION FEE - READMIT - UNDERGRADUATE		10	10		
APPLICATION FEE - READMIT - GRADUATE		15	15		
INTERNATIONAL STUDENT ENROLLMENT FEE - ONE TIME CHARGE		500	500		
SHORT TERM INTERNATIONAL STUDENT FEE		125	125		
INTERNATIONAL STUDENT ENROLLMENT FEE - IMBA		125	125		
NATIONAL STUDENT EXCHANGE PLACEMENT & ADMINISTRATIVE FEE		250	250		
MATRICULATION FEE	11	50	80		
CAPSTONE SCHOLAR FEE - PER SEMESTER	12	100	100		
CAROLINA CARD - ID CARD REPLACEMENT		25	25		
CAROLINA CARD - DAMAGED STUDENT ID CARD		15	15		
CAROLINA CARD - FACULTY/STAFF PROX CARD		10	10		
CAROLINA CARD - DAMAGED PROX CARD FEE		25	25		
CAROLINA CARD - REPLACEMENT PROX CARD FEE		35	35		
CAROLINA CARD - PASSPORT PHOTO		10	10		
GRADUATE ASSISTANTS - LESS THAN 11 HOURS - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				169	169
GRADUATE STUDENTS -(9 TO 11 HOURS) - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				169	169
GRADUATE STUDENTS -(6 TO 8 HOURS) - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				113	113
UNDERGRADUATE STUDENTS -(6 TO 11 HOURS) - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				113	113
OPTIONAL UNDERGRADUATE AND GRADUATE STUDENTS - ATHLETICS EVENT FEE - PER SEMESTER	13	86	86	86	86
HEALTH INSURANCE - (STUDENTS WITHOUT COVERAGE) -CONTRACT W/THIRD PARTY	14	1,233	1,400	1,233	1,400
MANDATORY STUDY ABROAD INSURANCE	15	360	360	360	360
DUAL ENROLLMENT - INCLUDES PACE HIGH SCHOOL COURSES - PER CREDIT HOUR	16	66	66	66	66

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
ALL USC CAMPUSES - CROSS CAMPUS FEES					
GRADUATE - RESIDENT - TUITION	9	5,245	5,458	440	455
GRADUATE - NONRESIDENT - TUITION	9	11,275	11,722	945	977
ACTIVE DUTY MILITARY - TUITION		2,748	2,850	229	238
SC CERTIFIED TEACHER RATE - COLUMBIA ONLY	17			396	410
NON-RESIDENT - SC CERTIFIED TEACHER RATE - COLUMBIA ONLY	17			475	495
SC CERTIFIED TEACHER RATE - CAMPUSES	17			320	320
NON-RESIDENT - SC CERTIFIED TEACHER RATE - CAMPUSES	17			350	350
EMERGENCY CERTIFICATE TEACHER RATE				285	285
SCRI / SC READS / READING FIRST INITIATIVE				160	160
SUPERVISORY TEACHER RATE - CAMPUSES	18			5	5
SUPERVISORY TEACHER RATE - COLUMBIA ONLY	18			50	50
PROFESSIONAL DEVELOPMENT	19	4,000	4,000		
EXAMINATION FEE - CHALLENGE EXAMINATIONS - PER CREDIT HOUR		25	25		
EXAMINATION FEE - CLEP - PER TEST		25	25		
EXAMINATION FEE - GRADUATE RECORD EXAMINATION - PER TEST		60	60		
EXAMINATION FEE - GRADUATE REVALIDATION EXAM - PER CREDIT HOUR		25	25		
EXAMINATION FEE - SCHOLASTIC APTITUDE TEST - PER TEST		40	40		
DIPLOMA REPLACEMENT		25	25		
OFFICIAL TRANSCRIPT		8	8		
PAYMENT DEFERMENT FEE		75	75		
COURSE AUDIT FEE		SAME AS REGULAR COURSE CHARGE		SAME AS REGULAR COURSE CHARGE	
REFUND ADMINISTRATION FEE		5% MAX OF \$100	5% MAX OF \$100		
RETURNED CHECK OR CREDIT CARD - AS PERMITTED BY LAW		30	30	30	30
CREDIT CARD CONVENIENCE FEE - PER WEB VIP TRANSACTION - ACCOUNTS RECEIVABLE TRANSACTIONS ONLY		2.5% OF TRANSACTION AMOUNT PENDING REVIEW OF CREDIT CARD ACCEPTANCE AGREEMENTS AND DISCONTINUATION OF VISA PURCHASES VIA THE WEB			
E-CHECK SERVICE FEE - PER WEB TRANSACTION		2	2	2	2
CAROLINACARD - REFUND FEE - PER TRANSACTION		20	20	20	20
LATE PAYMENT FEE		\$5 PER DAY - MAX \$350	\$5 PER DAY - MAX \$350	\$5 PER DAY - MAX \$350	\$5 PER DAY - MAX \$350
USC - COLUMBIA ACADEMIC DEPARTMENT FEES (20, 21)					
ARTS AND SCIENCES					
LAB FEE - LANGUAGE COURSES WITH LAB COMPONENT - PER COURSE		45	45	INCLUDES ALL LEVEL COURSES WITH LABS	
LAB FEE - ART EDUCATION (101, 360, 520, 530, 535, 540, 541, 555, 560, 595) - PER COURSE		25	25		
LAB FEE - ART HISTORY (105, 106, 313, 315, 320, 321, 325, 326, 327, 330, 335, 337, 340, 341, 342, 345, 346, 350, 365, 366, 370, 390, 399, 498, 499, 501, 511, 514, 519, 520, 521, 522, 523, 524, 525, 526, 527, 529, 534, 535, 536, 537, 539, 540, 542, 543, 550, 557, 560, 561, 562, 566, 569, 590, 720, 725, 730, 735, 737, 769, 790) - PER COURSE		20	20		
LAB FEE - DANCE (102, 112, 170, 171, 177, 178, 202, 203, 212, 250, 278, 302, 303, 312, 350, 378, 385, 402, 403, 406, 407, 412, 440, 450, 577) - PER COURSE		60	60		
LAB FEE - MEDIA ARTS - PER COURSE		75	75	INCLUDES ALL LEVEL COURSES WITH LABS	
LAB FEE - STUDIO ARTS - PER COURSE		100	100	INCLUDES ALL LEVEL COURSES WITH LABS	
BARUCH FIELD LAB MAYMESTER		600	600		
LAB FEE - (MATH 141,142; MATH 526, STAT 201; PHYSICS, BIOLOGY, CHEMISTRY GEOLOGY AND MARINE SCIENCE; PSYC 227, 228, 489, 498,570,571,572,574,575,598,599,709, 710, 762; ANTH 391, 561; GEOG 201 & 202)		75	75		
LAB FEE - ENVIRONMENT		75	75	INCLUDES ALL LEVEL COURSES WITH LABS	

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
BUSINESS - MOORE SCHOOL (22,23)					
GRADUATE APPLICATION FEE	24			50	50
CONFIRMATION FEE FOR ALL GRADUATE PROGRAMS				1,000	1,000
EXECUTIVE INTERNATIONAL MASTER OF BUSINESS		41,500	41,500		
GRADUATE SPECIAL STUDENT (PER HOUR) - RESIDENT				580	580
GRADUATE SPECIAL STUDENT (PER HOUR) - NONRESIDENT				992	992
INTERNATIONAL MASTER OF BUSINESS ADMINISTRATION - RESIDENT		40,229	41,480		
INTERNATIONAL MASTER OF BUSINESS ADMINISTRATION - NONRESIDENT		68,805	68,805		
INTERNATIONAL MASTER OF BUSINESS ADMINISTRATION - RESIDENT - COST IS PER CREDIT HOUR - FULL AND PART TIME	25	592	610	592	610
INTERNATIONAL MASTER OF BUSINESS ADMINISTRATION - NONRESIDENT - COST IS PER CREDIT HOUR -FULL AND PART TIME	25	1,012	1,012	1,012	1,012
MASTER OF ACCOUNTANCY - RESIDENT				493	508
MASTER OF ACCOUNTANCY - NONRESIDENT				992	992
MASTER OF ARTS IN ECONOMICS - RESIDENT		14,790	15,240	493	508
MASTER OF ARTS IN ECONOMICS - NONRESIDENT		29,760	29,760	992	992
MASTER OF HUMAN RESOURCES - RESIDENT		22,185	22,860	493	508
MASTER OF HUMAN RESOURCES - NONRESIDENT		44,640	44,640	992	992
EXECUTIVE MASTER OF HUMAN RESOURCES - PROGRAM FEE		45,000	45,000	1,000	1,000
PROFESSIONAL MASTER OF BUSINESS ADMINISTRATION PROGRAM FEE		28,397	29,856		
PROFESSIONAL MASTER OF BUSINESS ADMINISTRATION (PER HOUR) - RESIDENT				592	622
PROFESSIONAL MASTER OF BUSINESS ADMINISTRATION (PER HOUR) - NONRESIDENT				592	622
PROFESSIONAL MASTER OF BUSINESS ADMINISTRATION - BANKING PROGRAM - COST IS PER COURSE				2,088	2,193
PROFESSIONAL MASTER OF BUSINESS ADMINISTRATION - BANKING PROGRAM - COST IS PER CREDIT HOUR - FULL AND PART TIME	26	696	731	696	731
MASTER OF INTERNATIONAL BUSINESS PROGRAM FEE - RESIDENT		25,000	25,000	833	833
MASTER OF INTERNATIONAL BUSINESS PROGRAM FEE - NONRESIDENT		30,000	30,000	1,000	1,000
MASTER OF INTERNATIONAL BUSINESS PROGRAM FEE - DOUBLE DEGREE PROGRAM - RESIDENT		0	30,000	833	833
MASTER OF INTERNATIONAL BUSINESS PROGRAM FEE - DOUBLE DEGREE PROGRAM - NON-RESIDENT		0	36,000	1,000	1,000
STUDENT NOT ADMITTED TO GRADUATE DEGREE PROGRAM IN BUSINESS (PER HOUR) - RESIDENT				580	580
STUDENT NOT ADMITTED TO GRADUATE DEGREE PROGRAM IN BUSINESS (PER HOUR) - NONRESIDENT				992	992
GRADUATE STUDENT FEE DIFFERENTIAL - CHARGED TO STUDENTS IN OTHER GRADUATE PROGRAMS - RESIDENT & NON-RESIDENT - PER CREDIT HOUR		32	32		
MOORE SCHOOL OF BUSINESS UNDERGRADUATE ENRICHMENT FEE - PER SEMESTER - SOPHOMORE, JUNIOR AND SENIOR - FY2011 APPROVED IN JUNE 2009. MOORE SCHOOL REQUESTS APPROVAL TO INCREASE TO \$650 PER SEMESTER FOR FY2013.	27	450	550	450	550
DISTANCE EDUCATION					
CORRESPONDENCE COURSE - EXTENSION FEE		40	40		
CORRESPONDENCE COURSE - HIGH SCHOOL - EXTENSION FEE - PER COURSE		30	30		
CORRESPONDENCE COURSE - HIGH SCHOOL - TRANSFER FEE - PER COURSE		30	30		
CORRESPONDENCE COURSE - TRANSFER FEE		40	40		
CORRESPONDENCE COURSE - HIGH SCHOOL - PER HALF HOUR CREDIT		95	95		
CORRESPONDENCE COURSE - COLLEGE - PER CREDIT HOUR		125	125		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
EDUCATION					
SC CERTIFIED TEACHER RATE - COLUMBIA ONLY	17			396	410
NON-RESIDENT - SC CERTIFIED TEACHER RATE - COLUMBIA ONLY	17			475	495
EMERGENCY CERTIFICATE TEACHER RATE				285	410
SCRI / SC READS / READING FIRST INITIATIVE PROGRAMS - CONTRACT COURSE FEE				160	0
SUPERVISORY TEACHER RATE - COLUMBIA ONLY	18			50	50
UNDERGRADUATE CHILDHOOD/ELEMENTARY/MIDDLE LEVEL CLINICAL FEE - EDEC 340P, EDEL 505P, EDML 598; FEE IS PER COURSE	28	200	200		
UNDERGRADUATE AND GRADUATE CLINICAL FEE - ONE TIME FEE APPLICABLE TO SCHOOL CODES 420, 425, 465, 350, 355 FOR PEDU 479, TSTM 472, EDTE 590A, EDML 599, PEDUC 778A, TSTM 777B, EDEX 796, EDEL 790A, EDEL R790A, EDSE 781B, EDSE 775B, EDSE 776B, EDSE 778B, EDSE 781B, EDCE 805E, EDCE 805F, EDCE 805S and EDCE 822.		200	200		
INTERNATIONAL EDUCATION PROGRAMS - ONE HOUR CONTRACT COURSE		2,000	0	PROGRAMS IN CHINA, KOREA, AND AFRICA. ECUADOR EDUCATION PROJECT CHARGED REGULAR RESIDENT TUITION RATES. - PROGRAMS DISCONTINUED BEGINNING IN FY2012.	
INTERNATIONAL EDUCATION PROGRAMS - TWO HOUR CONTRACT COURSE		4,000	0		
INTERNATIONAL EDUCATION PROGRAMS - THREE HOUR CONTRACT COURSE		6,000	0		
SPECIAL TUITION RATE - DSS STUDENTS - MASTERS IN EARLY CHILDHOOD EDUCATION		8,100	8,100		
CERTIFICATION ASSESSMENT		75	75		
MATERIALS - PEDU COURSES 100,103,104,105,106,107,111,112,117,118,119,120,121,122,123,125,126,128,129,131,132,133,134,135,136,137,138,139,153,160,170,173,174,175,176,177,180,182,186,194,195,196, 575 - PER COURSE	29	10	10		
MATERIALS - PEDU COURSES AQUATIC SAFETY 108,140,141,143,144,148,149 - PER COURSE	29	20	20		
MATERIALS - PEDU COURSES - 124, 300	29	40	40		
MATERIALS - PEDU COURSES 114, 130,183,185, 187	29	60	60		
MATERIALS/INSURANCE - PEDU 113, 292, 392, 492	29	100	100		
MATERIALS - PEDU 142 - LIFEGUARD TRAINING	29	65	65		
MATERIALS - PEDU 146 - OPEN WATER SCUBA	29	225	225		
MATERIALS - PEDU 154 - ADV WATER OPEN WATER	29	140	140		
MATERIALS - PEDU 181 - EQUESTRIAN	29	300	300		
MATERIALS - PEDU 266,266L, 293,348,349,366,393,466 and 493	29	30	30		
MATERIALS - PEDU 340,341 and 440	29	50	50		
MATERIALS/INSURANCE - PEDU 736, 737	29	70	70		
MATERIALS - PEDU 150- SAILING	29	440	440		
MATERIALS - PEDU 555 - ICE SKATING	29	80	80		
EDLP 805 - OFF SITE EXPERIENCES		75	75		
CAROLINA LIFE PROGRAM FEE	30	1,941	1,836	1,941	1,836
CAROLINA LIFE - LIFE SKILLS COURSE UNIT CHARGE	30	417	424	417	424
ENGINEERING AND COMPUTING					
APOGEE - PER CREDIT HOUR - ABOVE REGULAR TUITION				132	150
FEE - ENGR & COMP - PER NONFRESHMAN PER SEMESTER		300	350		
FEE - ENGR & COMP - PER FRESHMAN/ SEMESTER		75	100		
FEE - ENGR & COMP - PER COURSE/PART-TIME				25	50
LAB FEE - ENGR & COMP - (CSCE 101, 102, 145, 146, 201 and 204)		75	90		
VIDEO TAPE FEE PER CREDIT HOUR				99	0
ENGLISH PROGRAMS FOR INTERNATIONALS - EPI					
TUITION - PER NINE WEEK TERM				1,800	1,800
CAMPUS FEES				400	400
APPLICATION FEE				125	125
CONDITIONAL ADMISSION PROCESSING FEE				50	50

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
GRADUATE SCHOOL (18)					
APPLICATION FEE - GRADUATE		50	50		
APPLICATION FEE - READMIT - GRADUATE		15	15		
GRADUATE STUDENT STATUS CHANGE FEE		15	15		
GRADUATE ASSISTANTS - LESS THAN 11 HOURS - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				169	169
GRADUATE STUDENTS -(9 TO 11 HOURS) - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				169	169
GRADUATE STUDENTS -(6 TO 8 HOURS) - REQUIRED STUDENT HEALTH CENTER FEE - PER SEMESTER				113	113
HEALTH INSURANCE - (STUDENTS WITHOUT COVERAGE) -CONTRACT W/THIRD PARTY	14	1,233	1,400		
APPLICATION FOR GRADUATION - FEE INCREASES BY \$25 PER MONTH FOR EACH MONTH APPLICATION IS LATE		25	25		
DOCUMENT COPY REQUEST		10	10		
THESIS AND DISSERTATION PROCESSING		55-65	55-65		
HEALTH PROFESSIONS - PUBLIC HEALTH, NURSING, SOCIAL WORK (31,32)					
UNDERGRADUATE - RESIDENT - PROGRAM FEE		650	650	85	85
UNDERGRADUATE - NONRESIDENT - PROGRAM FEE		1,200	1,200	150	150
UNDERGRADUATE - NONRESIDENT SCHOLARSHIP - PROGRAM FEE		650	650	85	85
GRADUATE - RESIDENT - PROGRAM FEE		750	750	75	75
GRADUATE - NONRESIDENT - PROGRAM FEE		1,000	1,000	100	100
HONORS COLLEGE					
PROGRAM FEE - HONORS COLLEGE - ALL STUDENTS	33	350	350		
HOSPITALITY, RETAIL, AND SPORT MANAGEMENT					
LAB FEE - HRSM FOOD PREPARATION		75	75		
ADDITIONAL COURSE FEE - HRTM 110, HRTM 260, SPTE 202, SPTE 203		20	20		
ADDITIONAL COURSE FEE - HRTM 560, TSTM 564, SPTE 444		50	50		
ADDITIONAL COURSE FEE - VARIABLE RATE - HRTM 285, HRTM 410, SPTE 490, SPTE 590, SPTE 325, RETL 491, TSTM 590	34	RANGE - TO BE DETERMINED PRIOR TO SEMESTER START	RANGE - TO BE DETERMINED PRIOR TO SEMESTER START		
GRADUATE - PROGRAM FEE - PER CREDIT HOUR		50	50		
LAW SCHOOL (23,35)					
LAW - RESIDENT - TUITION		9,918	10,313	842	860
LAW - NONRESIDENT - TUITION		20,047	20,836	1,692	1,737
LAW - NONRESIDENT SCHOLAR - TUITION		10,959	11,394	973	985
LAW - RESIDENT - 17 HOURS AND ABOVE		86	86		
LAW - NONRESIDENT - 17 HOURS AND ABOVE		182	182		
APPLICATION FEE		60	60		
SEAT CONFIRMATION FEE		500	500		
LAW LIBRARY - PHOTO COPY FEE - CHARGE PER PAGE		0.20	0.20		
LAW LIBRARY - LOST BOOK FEE (\$25 PROCESSING FEE PLUS THE REPLACEMENT COST OF THE BOOK IF GREATER THAN \$50)		75	75		
LAW LIBRARY - CARREL KEY PROCESSING - PER KEY		5	5		
LAW LIBRARY - CARREL KEY DEPOSIT		20	20		
LAW LIBRARY - DOCUMENT DELIVERY FEE - \$5.00 CHARGE FOR HANDLING PLUS .50 PER PAGE COPIED OR \$1.00 PER PAGE FAXED		5	5		
LAW LIBRARY - STUDENT PRINTING FEE OF .05 PER PAGE ABOVE 1,000 PAGE PER STUDENT ALLOTMENT		0.05	0.05		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
MASS COMMUNICATION AND INFORMATION STUDIES					
ENHANCEMENT FEE - LIBRARY AND INFORMATION SCIENCE - ONE TIME CHARGE	36	700	700		
ENHANCEMENT FEE - GRADUATE JOURNALISM - ONE TIME CHARGE	36	700	700		
MASTERS IN LIS - COHORT PROGRAMS IN OTHER STATES	37			540	555
ADDITIONAL COURSE FEE - JOURNALISM (325, 326, 434, 502, 503, 526, 534)		250	250		
ADDITIONAL COURSE FEE - JOURNALISM (436, 458, 465, 531, 545, 564)		100	100		
ADDITIONAL COURSE FEE - JOURNALISM (337, 364, 464, 532, 533, 536, 537, 546, 529)		100	100		
ADDITIONAL COURSE FEE - LIBRARY AND INFORMATION STUDIES - SLIS (201,202,220,301,310,315,402,410,420,429,430,435,440, 480)		25	25		
MEDICINE (38)					
MEDICINE - RESIDENT - TUITION		14,974	15,910		
MEDICINE - NONRESIDENT SCHOLAR - TUITION		18,718	19,888		
MEDICINE - NONRESIDENT - TUITION		33,581	35,680		
GROSS ANATOMY FEE - PER COURSE		1,000	1,000		
VISITING MEDICAL STUDENT FEE		150	150		
SUPPLEMENTARY APPLICATION FEE		95	95		
ADMISSION DEPOSIT - APPLIED TO 1ST YEAR'S TUITION		250	250		
GRADUATE CERTIFICATE IN BIO STUDIES - RESIDENT PROGRAM FEE		15,000	15,750		
GRADUATE CERTIFICATE IN BIO STUDIES - NONRESIDENT PROGRAM FEE		20,000	21,000		
GRADUATE CERTIFICATE IN BIO STUDIES - SEAT CONFIRMATION FEE	39	0	1,500		
MUSIC (36)					
ENRICHMENT FEE - MUSIC		200	225	1/2 HOUR LESSON	
ENRICHMENT FEE - MUSIC		400	450	HOUR LESSON	
RECITAL FEE		50	50		
ACCOMPANIST FEE		150	150		
NURSING (31,36,40)					
ENRICHMENT FEE - NURSING - PhD PROGRAM - ONE TIME CHARGE		1,500	1,500		
TOTAL ASSESSMENT PROGRAM(TAP) TESTING FEE - ATTACHED TO EACH CLINICAL UPPER DIVISION COURSE AND NURS 324 AND NURS 428		60	60		
COLLEGE OF NURSING LAB FEE - NURS (312, J312, 412, J412, 422, J422, 435, J435, 704, J704, 705, J705, 706, J706, 710, J710, 722, J722, 731, J731, 732, J732, 776, J776, 786, J786, 787, J787, 806, J806, 807, J807, 840 (SECT 00A), 840A		750	1,000		
MALPRACTICE INSURANCE - UNDERGRADUATE - PER COURSE - NURS (312,J312, 399, 411, J411, 412, J412, 422, J422, 424,425, J425, 435, J435, 534, J534)		20	20		
MALPRACTICE INSURANCE - GRADUATE - PER COURSE - NURS (704,J704,705,J705,706,J706,710,J710,719,J719,722,J722, 727,J727,728,J728,731,J731,732,J732,735,J735,741,J741, 742,J742 776,J776,786,J786,787,J787,793,J793,806,J806,807,J807, 820, 840A)		50	50		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
PHARMACY - SOUTH CAROLINA COLLEGE OF PHARMACY (22,41,42,43,44)					
APPLICATION - PROFESSIONAL PROGRAMS		95	95		
PROFESSIONAL - FULL TIME - RESIDENT - PROGRAM FEE - YEARS ONE, TWO AND THREE - EACH YEAR		20,757	21,795	753	796
PROFESSIONAL - FULL TIME - NON RESIDENT - PROGRAM FEE - YEARS ONE, TWO AND THREE- EACH YEAR		31,000	32,550	1,123	1,188
PROFESSIONAL - FULL TIME - NON-RESIDENT - SCHOLARSHIP - PROGRAM FEE - YEARS ONE, TWO AND THREE - EACH YEAR		26,292	27,608	958	1,012
PROFESSIONAL - FULL TIME - RESIDENT - PROGRAM FEE - YEAR FOUR		18,082	19,120	753	796
PROFESSIONAL - FULL TIME - NON RESIDENT - PROGRAM FEE - YEAR FOUR		26,960	28,510	1,123	1,188
PROFESSIONAL - FULL TIME - NON-RESIDENT - SCHOLARSHIP - PROGRAM FEE - YEAR FOUR		22,980	24,296	958	1,012
ADVISEMENT FEE - PRE-PHARMACY STUDENTS - PER SEMESTER - FALL AND SPRING ONLY		100	100		
SEAT CONFIRMATION FEE		440	485		
PUBLIC HEALTH - ARNOLD SCHOOL (22,31,32,35,36,37,45)					
DOCTOR OF PHYSICAL THERAPY - RESIDENT - TUITION	46	5,245	5,458	440	455
DOCTOR OF PHYSICAL THERAPY - NONRESIDENT - TUITION	46	8,392	8,733	704	728
DOCTOR OF PHYSICAL THERAPY - NONRESIDENT - SCHOLARSHIP - TUITION	46	6,819	7,095	572	592
DOCTOR OF PHYSICAL THERAPY - PROGRAM FEE - ASSESSED PER SEMESTER		75	220	75	110
DOCTOR OF PHYSICAL THERAPY - SEAT CONFIRMATION FEE		500	750	500	750
CLINICAL COURSE FEE - EXERCISE SCIENCE		10	10		
HEALTH SERVICES POLICY AND MANAGEMENT DOCTORAL AND MHA - RESIDENT ENRICHMENT FEE		1,350	1,000		
HEALTH SERVICES POLICY AND MANAGEMENT DOCTORAL AND MHA - NON-RESIDENT ENRICHMENT FEE		2,430	1,000		
HEALTH SERVICES POLICY AND MANAGEMENT MPH - RESIDENT - ENRICHMENT FEE		540	1,000		
HEALTH SERVICES POLICY AND MANAGEMENT MPH - NON-RESIDENT - ENRICHMENT FEE		1,350	1,000		
COMM SCI & DISORDER - GRADUATE - RESIDENT AND NON-RESIDENT ENRICHMENT FEE - ONE TIME CHARGE		1,100	1,100		
MASTER OF COMM DISORDER - VIRGIN ISLAND PROGRAM - ENRICHMENT FEE				300	300
MHA PROFESSIONAL FORMAT - MATRICULATION FEE				4,044	4,044
MHA PROFESSIONAL FORMAT - RESIDENT TUITION - PER CREDIT HOUR				440	455
MHA PROFESSIONAL FORMAT - NON-RESIDENT TUITION - PER CREDIT HOUR				465	480
SOCIAL WORK (22,29,36)					
ENRICHMENT FEE - SOCIAL WORK- SEMESTER		925	925		
PLACEMENT FEE - DEPOSIT		100	100		
KOREAN MSW PROGRAM - SOCIAL WORK - FOR 2 1/2 YEAR PERIOD - PART TIME RATE				28,250	28,250

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC COLUMBIA OTHER FEES					
HOUSING (47)					
APARTMENTS				ASSIGNABLE SPACES	
West Quadrangle		3,220	3,350	499	
East Quadrangle		3,220	3,350	443	
South Quadrangle		3,220	3,350	400	
Horseshoe (incl. Thornwell and Woodrow)		3,220	3,350	354	
Honors Hall - Singles (new Fall 2009)		3,220	3,350	175	
Honors Hall - Doubles (new Fall 2009)		2,710	2,820	362	
820 Henderson		2,865	2,980	23	
Preston (Apartments)		2,490	2,590	40	
Sims (Apartments)		2,490	2,590	50	
Bates West		2,490	2,590	387	
SUITES					
Roost		2,225	2,225	192	
Maxcy		2,225	2,315	182	
Preston		2,225	2,315	197	
Sims		2,225	2,315	186	
Capstone		2,225	2,315	564	
Columbia Hall		2,225	2,315	476	
Patterson Hall		OFFLINE	2,820	544	
TRADITIONAL					
Bates House		1,990	2,070	531	
McClintock		1,990	2,070	148	
South Tower-sororities		1,990	2,070	391	
Wade Hampton		1,990	2,070	159	
McBryde-fraternities		1,990	2,070	246	
FAMILY AND GRADUATE- Monthly					
Carolina Gardens - 1 Bedroom		625	625	2	
Carolina Gardens - 2 Bedroom		705	705	64	
Carolina Gardens - 3 Bedroom		740	740	6	
Cliff Apartments - 1 Bedroom		870	870	64	
Cliff Apartments - 2 Bedroom Small		965	965	8	
Cliff Apartments - 2 Bedroom		990	990	31	
HOUSES - Monthly					
11 Gibbes Court		990	990	1	
13 Gibbes Court		990	990	1	
101 S. Bull Street		OFFLINE	965	1	
1719 A Greene Street (3 bedroom)		965	965	1	
1719 B Greene Street (2 bedroom)		955	965	1	
1725 Greene Street		940	940	1	
Application Fee		50	50		
Educational/RHA Fee		50	50		
UNIVERSITY LIBRARIES (48)					
MEAL PLANS					
21 MEAL PLAN		1,339	1,376		
21 ATHLETIC MEAL PLAN		1,458	DELETE		
21 PRESTON MEAL PLAN		1,595	1,639		
16+ MEAL PLAN		1,361	1,398		
16 PRESTON MEAL PLAN		1,629	1,674		
14 MEAL PLAN		1,248	1,282		
14 PRESTON MEAL PLAN		1,505	1,546		
10 MEAL PLAN		1,144	1,175		
10 PRESTON MEAL PLAN		1,415	1,454		
5 MEAL PLAN		692	DELETE		
5 PRESTON MEAL PLAN		622	639		
160 BLOCK MEAL PLAN		1,203	DELETE		
185 BLOCK MEAL PLAN		1,258	DELETE		
MEGA FLEX		0	1,385		
MAJOR FLEX		0	1,315		
MINOR FLEX		0	700		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
ORIENTATION					
PARENT ORIENTATION - JUNE		40	40		
STUDENT ORIENTATION - JUNE		80	80		
STUDENT ORIENTATION - NOT IN JUNE		40	40		
STUDENT ORIENTATION - PER NIGHT ROOM CHARGE		30	30		
PARKING (49)					
2 OR 3 WHEEL VEHICLE - SCHOOL YEAR		40	45		
2 OR 3 WHEEL VEHICLE - SECOND SEMESTER		30	35		
2 OR 3 WHEEL VEHICLE - SUMMER		15	20		
2 OR 3 WHEEL VEHICLE - SECOND SUMMER SESSION		8	10		
4-WHEEL VEHICLE - SCHOOL YEAR		80	80		
4-WHEEL VEHICLE - SECOND SEMESTER		45	55		
4-WHEEL VEHICLE - FULL SUMMER		30	35		
4-WHEEL VEHICLE - SECOND SUMMER SESSION		8	18		
EVENING STUDENT - SEMESTER		30	35		
REPLACEMENT PERMIT		15	20		
TEMPORARY REGISTRATION - WEEKLY		5	5		
INNOVISTA GARAGES		80	85		
INNOVISTA GARAGES - LIMITED USE COMMUTERS		0	55		
GREEK VILLAGE/SEMESTER		170	170		
STUDENT RESERVED SPACE- GARAGE - PENDLETON		70	75		
STUDENT RESERVED SPACE- GARAGE - SENATE		70	75		
STUDENT RESERVED SPACE - GARAGE - BLOSSOM		85	85		
STUDENT RESERVED SPACE- GARAGE - BULL		85	90		
WRECKER CALL - LOCAL		60	60		
FACULTY/STAFF - SURFACE RESERVED		85	85		
FACULTY /STAFF - RESERVED GARAGE - INNOVISTA GARAGES		65	65		
FACULTY/STAFF - RESERVED GARAGE (EXCLUDES INNOVISTA GARAGES)		55	65		
POST OFFICE					
POST OFFICE BOX FEE - RESIDENT STUDENTS		20	20		
POST OFFICE BOX FEE - OFF CAMPUS STUDENTS		30	30		
UNIVERSITY TECHNOLOGY SERVICES					
RESIDENCE HALL NETWORK & SECURITY SERVICE REQUIRED FEE FOR ON CAMPUS STUDENTS; FALL AND SPRING SEMESTERS - PER SEMESTER		76	76		
RESIDENCE HALL NETWORK & SECURITY SERVICE REQUIRED FEE FOR ON CAMPUS STUDENTS; MAYMASTER, SUMMER I AND SUMMER II - PER SEMESTER		19	19	19	19
RESIDENCE HALL OPTIONAL FEE FOR TELEPHONE BUNDLED SERVICE; FALL AND SPRING SEMESTERS - PER SEMESTER		57	57		
RESIDENCE HALL OPTIONAL FEE FOR TELEPHONE BUNDLED SERVICE; MAYMASTER, SUMMER I AND SUMMER II - PER SEMESTER		19	19	19	19

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC AIKEN					
UNDERGRADUATE - RESIDENT - TUITION	3	4,067	4,230	353	367
UNDERGRADUATE - NONRESIDENT - TUITION	50	8,151	8,474	706	734
UNDERGRADUATE - NONRESIDENT SCHOLARSHIP - FOUNDATION SCHOLARS	51	6,113	6,355	530	550
ACTIVE DUTY MILITARY - TUITION	7	2,748	2,850	229	238
TECHNOLOGY FEE		120	120	9	9
UNDERGRADUATE - RESIDENT, NONRESIDENT	8	80	80		
UNDERGRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	208	208		
GRADUATE - RESIDENT - 17 HOURS AND ABOVE	8	80	80		
GRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	170	170		
SC CERTIFIED TEACHER RATE - CAMPUSES	17			320	320
NON-RESIDENT - SC CERTIFIED TEACHER RATE - CAMPUSES	17			350	350
MUSIC INSTRUMENT RENTAL FEE - PER SEMESTER		35	35		
MUSIC PRIVATE LESSON FEE - PER COURSE		125	125		
NURSING LAB & TESTING FEE - PER CREDIT HOUR		35	35	35	35
APPLICATION FEE - UNDERGRADUATE		45	45		
APPLICATION FEE - UNDERGRADUATE - REDUCED	52	20	20		
APPLICATION FEE - GRADUATE		45	45		
APPLICATION FEE - RE-ADMITS, SENIOR CITIZENS, TEACHER CADETS		10	10		
INTERNATIONAL STUDENT APPLICATION FEE		100	100		
ASSESSMENT TESTING LATE FEE		50	50		
ENROLLMENT REINSTATEMENT FEE		40	40		
MATRICULATION FEES - ENTERING SEMESTER ONLY	11	85	85		
MATRICULATION FEES - MASTERS PROGRAM OF STUDY		85	85		
HOUSING FEES - EACH SUMMER SESSION SINGLE		480	480		
HOUSING FEES - MAYMESTER SINGLE		300	300		
HOUSING FEES - EACH SUMMER SESSION DOUBLE		425	425		
HOUSING FEES - MAYMESTER DOUBLE		245	245		
HOUSING FEES - DOUBLE - PER SEMESTER		2,125	2,190		
HOUSING FEES - SINGLE - PER SEMESTER		2,500	2,600		
HOUSING FEES - DOUBLE AS A SINGLE ROOM		2,900	3,090		
MEAL PLAN - 10 MEALS PER WEEK		945	965		
MEAL PLAN - 15 MEALS PER WEEK		1,030	1,050		
MEAL PLAN - 19 MEALS PER WEEK		1,100	1,125		
MEAL PLAN - \$400 DECLINING BALANCE		425	450		
MEAL PLAN - \$785 DECLINING BALANCE		805	825		
MEAL PLAN - PACER CARD		40	40		
MEAL PLAN - BLOCK 30		257	265		
MEAL PLAN - BLOCK 50		410	420		
OPTIONAL HEALTH SERVICES FEE - GRADUATE - PER SEMESTER		25	25		
ID CARD REPLACEMENT FEE		25	25		
REPLACEMENT FEE RECEIPT		5	5		
PARKING AND SECURITY FEE- SEMESTER		25	25		
PARKING AND SECURITY FEE - SUMMER		8	8		
PARKING FINES - BLOCKING SIDEWALKS OR DRIVEWAYS		25	25		
PARKING FINES - HANDICAP VIOLATION		75	75		
PARKING FINES - PERMIT IMPROPERLY DISPLAYED		10	10		
PARKING FINES - PARKING IN: FIRE LANE/ BLOCKING HYDRANT; NO PARKING/SAFETY ZONE		50	50		
PARKING FINES - PARKING IN SERVICE OR LOADING AREA; BLOCKING SIDEWALKS OR DRIVEWAYS		25	25		
PARKING FINES - PARKING IN STUDENT HOUSING AREA WITHOUT PERMIT		25	25		
PARKING FINES - PARKED IN: FACULTY/STAFF SPACE; RESERVED AREA/ VISITOR SPACE; OR IN GRASS OR SIDEWALK		25	25		
PARKING FINES - PARKED IN: NO PARKING/ SAFETY ZONE; OR FIRE LANE/ BLOCKING HYDRANT		50	50		
PARKING FINES - FAILURE TO REGISTER VEHICLE/ PARKING IMPROPERLY		20	20		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC AIKEN (CONTINUED)					
TRAFFIC VIOLATIONS - SPEEDING ON CAMPUS		40	40		
TRAFFIC VIOLATIONS: 1ST OFFENSE : DRIVING IN AN UNSAFE MANNER; OBSTRUCTING CAMPUS OPERATIONS		25	25		
TRAFFIC VIOLATIONS: 2ND OFFENSE : DRIVING IN AN UNSAFE MANNER; OBSTRUCTING CAMPUS OPERATIONS		50	50		
TRAFFIC VIOLATIONS: FAILURE TO OBEY OFFICERS' INSTRUCTIONS		50	50		
BOOTING FINE		50	50		
SMOKING FINE		25	25		
FIRST PACE SUMMER PROGRAM		0	656	0	656
WELLNESS CENTER STUDENT MEMBERSHIP		0	25	0	25
RUTH PATRICK CENTER - REGISTRATION AND MATERIALS		FEE VARIES - \$25-\$150 PER COURSE - NO CHANGE FOR FY2012			
DUAL ENROLLMENT - INCLUDES PACE HIGH SCHOOL COURSES - PER CREDIT HOUR	16	66	66		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC BEAUFORT (53)					
UNDERGRADUATE - RESIDENT - TUITION	3, 54	3,710	3,861	310	323
UNDERGRADUATE - NONRESIDENT - TUITION	55	8,093	8,417	676	703
UNDERGRADUATE - NONRESIDENT SCHOLARSHIP	51	6,070	6,313	507	527
ACTIVE DUTY MILITARY - TUITION	7	2,748	2,850	229	238
TECHNOLOGY FEE		168	168	14	14
UNDERGRADUATE - RESIDENT, NONRESIDENT SCHOLARSHIP, ACTIVE DUTY MILITARY - 17 HOURS AND ABOVE	8	80	80		
UNDERGRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	208	208		
GRADUATE - RESIDENT - 17 HOURS AND ABOVE	8	80	80		
GRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	170	170		
NURSING COURSE FEE PER SEMESTER		75	100	75	100
LABORATORY SCIENCES COURSE FEE		25	25	25	25
ART COURSE FEE	29	75	75	75	75
SCUBA COURSE	29	245	245	245	245
STUDY ABROAD FEE		300	300	300	300
NURSING INSURANCE FEE		20	20	20	20
TEST PROCTORING FEE		25	75	25	75
MAT TESTING FEE		75	75	75	75
TOTAL ASSESSMENT PROGRAM(TAP) TESTING FEE		60	50	60	50
MASTER OF ARTS IN TEACHING PROGRAM FEE - PER SEMESTER		75	75	75	75
BUSINESS DEGREE COMPLETION PROGRAM - PER CALENDAR YEAR		5,250	5,250		
APPLICATION FEE	56	40	40	40	40
APPLICATION FEE - RE-ADMITS	56	10	10	10	10
MANDATORY NEW STUDENT FEE		25	100	25	100
ORIENTATION FEE - OVERNIGHT STAY		25	25	25	25
MATRICULATION FEE - ENTERING SEMESTER ONLY	11	50	50	50	50
INTERNATIONAL STUDENT ENROLLMENT FEE		500	500	500	500
REGISTRATION PER SEMESTER		25	25	25	25
ID CARD REPLACEMENT FEE		25	25	25	25
DUAL ENROLLMENT - INCLUDES PACE HIGH SCHOOL COURSES - PER CREDIT HOUR - FT AND PT	16	66	66	66	66
PROFESSIONAL DEVELOPMENT		4,000	4,000		
HOUSING FEES - SINGLE ROOM - FALL AND SPRING - PER SEMESTER	57	3,075	3,175		
HOUSING FEES - FALL II/ SPRING II- PER SEMESTER	57	1,880	1,950		
HOUSING FEES- EACH SUMMER SESSION	57	1,150	1,200		
HOUSING FEES - DOUBLE ROOM - FALL AND SPRING - PER SEMESTER	57	2,300	2,375		
HOUSING FEES- COURTNEY BEND SINGLE ROOM - FALL AND SPRING - PER SEMESTER	57	3,900	3,900		
HOUSING FEES - COURTNEY BEND LARGE DOUBLE ROOM - FALL AND SPRING - PER SEMESTER	57	2,925	2,925		
HOUSING FEES - COURTNEY BEND SMALL DOUBLE ROOM - FALL AND SPRING - PER SEMESTER	57	2,775	2,775		
HOUSING ROOM RESERVATION FEE- NONREFUNDABLE - APPLIES TO HOUSING COST FOR FIRST TIME HOUSING RESIDENTS ONLY	57	200	200		
HOUSING FEES- CANCELLATION FEE	57	250	250		
HOUSING APPLICATION FEE	57	50	50		
MEAL PLAN - OPTIONAL - 14 MEALS PER WEEK - FALL AND SPRING SEMESTERS	57	950	1,000		
MEAL PLAN - RESIDENTIAL - 10 MEALS PER WEEK - MANDATORY - FALL AND SPRING SEMESTERS	57,58	890	950		
MEAL PLAN - COMMUTER STUDENTS - 30 MEALS PER SEMESTER - MANDATORY - FALL AND SPRING SEMESTERS	57,59	245	260		
MEAL PLAN - OPTIONAL - 15 MEALS PER SEMESTER - FALL AND SPRING SEMESTERS	57	125	130		
MEAL PLAN - OPTIONAL WEEKEND PLAN - 2 MEALS PER WEEKEND EACH SEMSTER - FALL AND SPRING SEMESTERS	57	100	50		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC BEAUFORT (CONTINUED)					
PARKING HANDICAP VIOLATION		100	100		
PARKING IMPROPERLY - IN FIRE LANE, IN VISITOR SPACE, IN TOW-AWAY ZONE, IN RESIDENCE HALL LOT, AT BLUE/YELLOW CURB		10	25		
PARKING VIOLATION - FAILURE TO DISPLAY DECAL, EXPIRED DECAL, NO DECAL ON VEHICLE, PARKING IN FACULTY/STAFF LOT		5	25		
PARKING/SECURITY FEE - FALL/SPRING		15	25		
PARKING/SECURITY FEE - EACH SUMMER TERM		10	15		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC UPSTATE					
UNDERGRADUATE - RESIDENT - TUITION	3	4,396	4,573	375	390
UNDERGRADUATE - NONRESIDENT - TUITION		8,932	9,286	759	789
UNDERGRADUATE - NONRESIDENT SCHOLARSHIP	51	6,699	6,965	570	592
ACTIVE DUTY MILITARY - TUITION	7	2,748	2,850	229	238
TECHNOLOGY FEE		140	140	9	9
UNDERGRADUATE - RESIDENT - 17 HOURS AND ABOVE	8	80	80		
UNDERGRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	208	208		
GRADUATE - RESIDENT - 17 HOURS AND ABOVE	8	80	80		
GRADUATE - NONRESIDENT - 17 HOURS AND ABOVE	8	170	170		
TUITION RATE - ZHEJIANG FORESTRY UNIVERSITY	60	6,396	6,573	548	548
SC CERTIFIED TEACHER RATE - CAMPUSES	17			320	320
NON-RESIDENT - SC CERTIFIED TEACHER RATE -	17			350	350
NURSING COURSE FEE PER HOUR		40	40	40	40
UNIVERSITY CENTER GREENVILLE- EDUCATION		50	50	50	50
UPPER LEVEL BUSINESS COURSE FEE - SBAD 331,SBAD 332,SBAD 333, SBAD 335,SBAD 336,SBAD 347,SBAD 348,SBAD 350, SBAD 351, SBAD 352, SBAD 363,SBAD 364,SBAD 365,SBAD 369,SBAD 371,SBAD 372,SBAD 374,SBAD 377, SBAD 378,SBAD 390,SBAD 398,SBAD 432,SBAD 433,SBAD 435,SBAD 437,SBAD 452,SBAD 456, SBAD 457,SBAD 458,SBAD 459,SBAD 461,SBAD 471,SBAD 475,SBAD 476,SBAD 478,SECO 301,SECO 303,SECO 311,SECO 321,SECO 322,SECO 326	61	45	45	45	45
FEE FOR CLINICAL/ PRACTICUM COURSES - SEDE 410, SEDE 440, SEDE 469,SEDL 455, SEDL 460, SEDL 468, SELD 470,SEDS 342, SEDS 440, SEDS 450, SEDS 473,SEDS 474,SEDS 475,SEDS 478,SEDS 480,SEDS 481, SELD 440, SPED 450, SPED 479, SREC 480a, SREC 480b, SREC 480c	61	100	100	100	100
DIVISION OF NATURAL SCIENCES & ENGINEERING LAB FEE - SBIO w101L,SBIO w102L,SBIO w110L,SBIO w201L,SBIO w202L,SBIO w232L,SBIO w242L,SBIO w305L,SBIO w310L,SBIO w315L,SBIO 320L,SBIO w330L,SBIO w350L,SBIO w375L,SBIO w380L, SBIO w507L,SBIO w525L,SBIO w530L,SBIO w531L,SBIO w534L,SBIO w540L,SBIO w583L, SBIO w550L,SBIO w570L,SCHM w101L,SCHM w107L,SCHM w109L,SCHM w111L,SCHM w112L,SCHM w321L,SCHM w331L,SCHM w332L,SCHM w512L,SCHM w522L,SCHM w541L,SCHM w542L,SCHM w583L,SGEL w101L,SGEL w102L,SGEL w103L,SGEL w123L,SGEL w310L,SETM w320L,SETM w330L,SETM w370L,SETM w410L,SETM w415L,SETM w420L,SAST w111L,SPHS w101L,SPHS w201L,SPHS w202L,SPHS w211L,SPHS w212L, SAST w111L	61	80	80	80	80
VISUAL ARTS STUDIO/LAB COURSES - SART PREFIX 103,104,108,110,202,203,204,205,206,207,210,211,214, 228,229,230,231,261,262,302,305,306,307,310,311,314, 315,318,350,361,362,391,398,402,407,410,411,414,418, 450,489,490,499	61	60	60	60	60
RESEARCH METHODS FOR PSYCHOLOGY - SPSY - SECTIONS 001,002,003	61	80	80	80	80
APPLICATION FEE - TRANSIENT STUDENT		10	10		
APPLICATION FEE - UNDERGRADUATE & GRADUATE	62	40	40		
APPLICATION FEE - RE-ADMITS		10	10		
APPLICATION FEE - ONLINE		30	30		
ENROLLMENT REINSTATEMENT FEE		60	60		
MATRICULATION FEE - ENTERING SEMESTER ONLY	11	75	75		
LATE ENROLLMENT FEE		\$5 PER DAY - MAX \$350	\$5 PER DAY - MAX \$350		
LAPTOP LATE FEE - DAILY		\$5 PER DAY - MAX \$50	\$5 PER DAY - MAX \$50		
LAPTOP LATE FEE		\$750 AFTER 20 DAYS	\$750 AFTER 20 DAYS		
ORIENTATION FEE - OVERNIGHT		25	25		
HOUSING FEES - APPLICATION FEE - NONREFUNDABLE - APPLIES TO ALL STUDENTS	63	35	45		
HOUSING FEES - ADVANCE ROOM PAYMENT- NONREFUNDABLE - APPLIES TO ALL STUDENTS	63	100	100		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
USC UPSTATE (continued)					
HOUSING FEES - MAYMESTER - PALMETTO HOUSE/ MAGNOLIA HOUSE	63	275	0		
HOUSING FEES - MAYMESTER - PALMETTO HOUSE	63	275	330		
HOUSING FEES - SEMESTER - PALMETTO VILLAS	63	1,900	1,950		
HOUSING FEES - SEMESTER - PALMETTO HOUSE/ MAGNOLIA HOUSE - DOUBLE	63	2,150	2,200		
HOUSING FEES - SEMESTER - PALMETTO HOUSE/ MAGNOLIA HOUSE - SINGLE	63	2,600	2,650		
HOUSING FEES - PALMETTO VILLAS - SINGLE RATE - PER SEMESTER	63	2,800	2,850		
HOUSING FEES - SUMMER - PALMETTO VILLAS	63	375	450		
HOUSING FEES - SUMMER - PALMETTO HOUSE/ MAGNOLIA HOUSE	63	375	0		
MEAL PLANS - 5 MEALS PER WEEK		390	0		
MEAL PLANS - 10 BLOCK MEAL PLAN		50	0		
MEAL PLANS - 25 BLOCK MEAL PLAN		125	140		
MEAL PLANS - 9 BLOCK MEAL PLAN/\$250 FLEX		1,100	1,150		
MEAL PLAN - MANDATORY NON-RESIDENT FRESHMAN AND SOPHOMORES - \$50 FLEX DINING	64	50	50		
MEAL PLANS - \$100 DECLINING BALANCE		90	0		
MEAL PLANS - \$200 DECLINING BALANCE		170	0		
MEAL PLANS - UNLIMITED DINING IN CLC DINING HALL/ \$200 FLEX - PALMETTO HOUSE AND MAGNOLIA HOUSE	65	1,260	1,336		
MEAL PLANS - \$450 FLEX		0	400		
MEAL PLANS - \$220 FLEX		0	200		
HEALTH INSURANCE - (STUDENTS WITHOUT COVERAGE) -CONTRACT W/THIRD PARTY	14	1,233	1,400		
ATHLETIC INSURANCE FEE	66	700-1200	700-1200	700-1200	700-1200
HEALTH FEE		50	50	5	5
HEALTH FEE - PT MORE THAN 3 VISITS PER STUDENT		10	10	10	10
HEALTH FEE - FACULTY/STAFF - PER VISIT		15	15		
PARKING & SECURITY - SEMESTER	67	35	35		
PARKING & SECURITY - SUMMER	67	12	12		
SLED CHECK REQUIRED BY STATE LAW	68	35	35		
DUAL ENROLLMENT - INCLUDES PACE HIGH SCHOOL COURSES - PER CREDIT HOUR	16	66	66		
SCHOLARS ACADEMY - CONTRACT COURSE - SELECTED COURSES		4,000	4,000		
SCHOLARS ACADEMY - CONTRACT COURSE - SELECTED ELECTIVES - PER COURSE		198	198		
SPARTAN EARLY START PROGRAMS		995	995		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
REGIONAL CAMPUSES					
GENERAL					
UNDERGRADUATE - RESIDENT - TUITION - STUDENT WITH LESS THAN 75 HOURS	3, 69	2,736	2,850	228	238
UNDERGRADUATE - NON RESIDENT - TUITION - STUDENT WITH LESS THAN 75 HOURS	69	6,876	7,152	573	596
UNDERGRADUATE - RESIDENT - TUITION - STUDENT WITH 75 OR MORE CREDIT HOURS	3, 69	4,067	4,230	353	367
UNDERGRADUATE - NON RESIDENT - TUITION - STUDENT WITH 75 OR MORE CREDIT HOURS	69	8,151	8,474	706	734
ACTIVE DUTY MILITARY - TUITION	7	2,748	2,850	229	238
TECHNOLOGY FEE		196	196	15	15
APPLICATION FEE - DEGREE SEEKING		40	40		
APPLICATION FEE - NON-DEGREE SEEKING		10	10		
APPLICATION FEE - READMITS		10	10		
LAB FEE - (MATH 141, 142)		60	60		
LABORATORY SCIENCES COURSE FEE - PER COURSE		40	40		
MATRICULATION FEES	11	50	50		
INDEFINITE FEE TYPE FOR PALMETTO PROGRAMS		150	150	25	25
DUAL ENROLLMENT - INCLUDES PACE HIGH SCHOOL COURSES - PER CREDIT HOUR - EXCLUDES USC SUMTER	16	66	66		
USC LANCASTER					
ORIENTATION FEE - SPRING SEMESTER		35	35		
ORIENTATION FEE - FALL SEMESTER		35	35		
PARKING AND SECURITY - FALL AND SPRING SEMESTER		45	55		
PARKING AND SECURITY - SUMMER		5	5		
PARKING FINES - PERMIT IMPROPERLY DISPLAYED		10	10		
PARKING FINES - HANDICAP VIOLATION - FIRST OFFENSE		25	25		
PARKING FINES - HANDICAP VIOLATION - SECOND OFFENSE		50	50		
PARKING FINES - HANDICAP VIOLATION - THIRD OFFENSE		100	100		
PARKING FINES - OTHER		20	20		
PARKING FINES - BOOT REMOVAL		50	50		
USC SALKEHATCHIE (70)					
STUDENT ID FEE		5	5		
PARKING AND SECURITY - FALL AND SPRING SEMESTER		10	10		
PARKING AND SECURITY- SUMMER		5	5		
USC SUMTER					
DUAL ENROLLMENT - INCLUDES PACE HIGH SCHOOL COURSES - PER CREDIT HOUR - USC SUMTER ONLY	16	76	76		
LANGUAGE LAB FEE - FREN V121; FREN V122 SPAN V109; SPAN V110; SPAN V121; SPAN V122		20	20		
STUDENT ID FEE - MADE AFTER FIRST WEEK OF CLASS OR REPLACEMENT		10	10		
PARKING AND SECURITY - FALL AND SPRING SEMESTER		25	25		
PARKING AND SECURITY- SUMMER		10	10		
USC UNION					
PARKING AND SECURITY - FALL AND SPRING SEMESTER		15	15		
PARKING AND SECURITY- SUMMER		5	5		

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
NOTES					
1) Full-time fees per semester, unless otherwise noted [see note (10) below for exceptions]. Part-time fees stated per credit hour. Part-time is defined as fewer than 12 hours. Part-time fees apply to summer sessions unless otherwise noted. Most fees listed in the Full-Time columns are applicable to all students. Unless otherwise noted, all tuition and fees reviewed and approved by the USC Board of Trustees in June 2011 become effective in Fall 2011.					
2) USC Columbia - Chapter 33 veterans entitled to the maximum benefit rate (based on service requirements) who apply for the Yellow Ribbon Program at USC and are deemed eligible may receive a tuition abatement as follows for Non-Resident students: Undergraduate students - 50% of tuition and fee charges in excess of the VA maximum amounts for SC not to exceed \$5,700 annually; Graduate/Professional students - 50% of tuition and fee charges in excess of the VA maximum amounts for SC not to exceed \$3,400 annually. The number of eligible students is limited based upon the terms of the annual Yellow Ribbon Program Agreement. Qualified resident students are fully covered by the VA at the actual resident tuition rates.					
3) Free tuition per state law for: children of certain deceased and other veterans, firefighters and law enforcement officers, essay winner for Governor's Committee on the Employment of the Physically Handicapped, and resident 60 years or older on space available basis.					
4) Only Columbia campus students named as McNair, Cooper, McKissick, Lieber, and Alumni Scholars.					
5) Non-Resident Athletics scholarship implies athletic grant-in-aid at the USC Columbia Campus. This rate may not apply to all scholarship student-athletes, based upon designation by the Athletics Department. The Office of Student Financial Aid and Scholarships awards grants-in-aid in accordance with NCAA, conference and institutional guidelines.					
6) Sims Scholarship - Only Columbia campus students named as Sims Scholars.					
7) Active Duty Military - This rate is tied to the regional campus tuition rate and is applied across USC Campuses. Rate has been in effect at this level for active duty military since at least the mid 1990's.					
8) Full-time undergraduate students on Columbia, Aiken, Beaufort and Upstate campuses and all full-time graduate students will pay an additional charge for each credit hour above sixteen hours.					
9) Graduate rates listed under USC Columbia apply to all campuses. Fees for senior and regional campuses are for undergraduate students only.					
10) USC Columbia - Undergraduate application fee waived only for South Carolina residents who present a College Board fee waiver or a National Association for College Admissions Counselors waiver.					
11) The matriculation fee is paid only once by undergraduate students during their entering semester through the campus where they initially enroll. The fee will be charged again if a student enrolls in a masters or doctoral program of study. For the USC Columbia campus, a portion of the fee is allocated to Arts & Sciences for new student placement testing.					
12) Capstone scholar fee is payable in student's first and second year of the program.					
13) The optional athletic event fee includes the per semester athletics activity charge and the athletics bond charge.					
14) Insurance charge as required for graduate students and any other students who opt into third-party program.					
15) Mandatory Study Abroad Insurance was implemented in Spring 2011 with an off-cycle BOT approval. Fee is based on a \$360 academic year rate that is pro-rated for length of time the student spends abroad.					
16) Dual Enrollment Courses - USC System Campuses may waive the dual enrollment charge or charge less than the \$66 per credit hour rate with 4% fee waiver capacity for resident students. This rate applies to all campuses except USC Sumter. USC Sumter's rate is \$76 per credit hour. This rate applies to full and part time students regardless of status.					
17) Certified Teacher Rate is \$410 for resident students per hour for the Columbia campuses. This rate is a 10% reduction to the regular resident graduate rate. The rate is \$495 for non-resident students per hour for the Columbia campus. The Certified Teacher Rate for Aiken and Upstate is \$320 for resident students per hour and \$350 for non-resident students per hour.					
18) Supervisory Teacher Rate is \$5 per hour for non-Columbia campuses. Rate for Columbia increased from \$5 to \$50 per hour in FY2009.					
19) Professional Development contract courses at \$4,000 per course based on maximum of 25 students; additional students \$160 each. Other graduate contract courses will be assessed at the above hourly teacher rates.					
20) Any special course fees to cover materials, travel, or other special costs above normal tuition must be approved in advance by the Provost. Special OSP courses assessed at board mandated fee rate. All fees must be paid by students directly to the University of South Carolina. Any exceptions must be specifically approved in advance by the Chief Financial Officer.					
21) Nonresident students in study abroad programs are eligible for an in-state tuition waiver as provided in the South Carolina Code of Laws 59-112-70.					
22) Students paying program specific fees for professional or graduate programs will be assessed an additional per credit hour charge for hours outside of the program.					
23) Joint JD/Moore School of Business programs will be assessed same Master's program rates on a pro-rata basis for all MSB courses taken.					
24) Moore School of Business requires additional \$50 application fee for graduate students. Applicants required to pay \$50 graduate school application and \$50 Moore School of Business application fee.					
25) Moore School of Business International Master of Business Administration program fee changed to a per credit hour rate in FY2011.					
26) Moore School of Business Professional Master of Business Administration for Banking program fee changed to a per credit hour rate in FY2011.					
27) Effective for FY2011, sophomore, junior and senior undergraduate students in the Moore School of Business are charged an enrichment fee each semester. The charge for FY2012 will be \$550 per semester. The charge per semester is expected to escalate each fiscal year. For FY2013, beginning in Fall 2012, the fee will be \$650 per semester for all students.					
28) Undergraduate childhood/elementary and middle level clinical fee may be waived for repeat at the discretion of the College of Education.					
29) All student fees are paid to the University of South Carolina and not to external agencies, unless explicitly noted. Any laboratory fee must be billed through the University and separate arrangements for facility usage must be arranged between the academic unit and the facility.					

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
NOTES (CONTINUED)					
30) Carolina LIFE Program is a program managed under the College of Education which focuses on offering a college experience to individuals with intellectual and cognitive disabilities that might otherwise not experience a college life. The program, which was funded by the National Down Syndrome Society (NDSS) for the first two years of operation, was self-supporting beginning in FY11. Participants are non-degree seeking special needs students who enroll in a total of 15 credit hours per semester – which are a combination of both Carolina LIFE - Life Skills credits and University course credits.					
31) Health Professions charges apply to Public Health, Nursing and Social Work and include the Doctor of Physical Therapy program.					
32) Arnold School of Public Health Doctor of Physical Therapy program students previously did not pay the separate Health Professions Fee. In FY2008, tuition and fees were recalibrated to include the Health Professions fee.					
33) Honors College Program Fee was approved to increase to \$350 for FY2011. The change was not made. Fee will increase for FY2012.					
34) Special courses in HRSM will have a variable fee of \$100 to \$2000 per courses assessed based on specific activities. Fee will be submitted to Provost as follows: Fall and Summer terms - information due to Provost by January 15. Provost to approve and return to Bursar to set up fees. For Spring Semester - information due to Provost by August 15. Provost to approve and return to Bursar to set up fees.					
35) All students in the joint JD/MHA program will pay Law School tuition for years one and two, but change to the USC Graduate School rate for year three, then return to the Law School tuition rate for year four of the program.					
36) See Graduate Bulletin for payment schedules of enrichment and matriculation fees. These are designated fees with the revenue allocated to the respective colleges.					
37) Students in the USC MLIS Degree Program in Maine will pay the South Carolina resident graduate tuition rate plus a cohort fee of \$100 per credit hour. This cohort fee is guaranteed not to increase during the four-year span of the program.					
38) Biomedical students in the MS and doctoral program are charged the regular graduate student rate, not the Health Professions rate.					
39) Biomedical studies program students are charged a non-refundable seat confirmation fee of \$1,500 to reserve space in the program.					
40) USC Columbia Nursing students, and students at system campuses taking USC Columbia Nursing courses, will pay a third party vendor, Certifiedbackground.com, for background checks and drug screening fees.					
41) USC College of Pharmacy Doctor of Pharmacy program tuition each semester is based on the total of Undergraduate Tuition, Pharmacy Program Fee and Pharmacy Enrichment Fee - Pharm D. For FY2012 there may be trailing students in previous program.					
42) Pre-pharmacy - same as regular undergraduate charges for 66 credit hours.					
43) South Carolina College of Pharmacy, merged program with the Medical University of South Carolina.					
44) All SCCP students retaking a course during the summer terms are required to pay the per credit hour rate for the repeated course and the regular summer program fee. This fee structure was approved by the USC Board of Trustees on April 11, 2008 and became effective with the Summer I 2008 term.					
45) The Arnold School of Public Health participates in the Schools of Public Health Application System (SOPHAS). This system is used to accumulate and verify application data from prospective students nationwide, and verified prospective student data is provided to the school for processing applications to these programs: Environmental Health Sciences: MPH, MS, MSPH, and PhD; Epidemiology and Biostatistics: MPH, MSPH, DrPH, and PhD; Health Promotion, Education, and Behavior: MPH, MSPH, DrPH, and PhD; Health Services Policy and Management: MHA, MPH, DrPH, PhD; Academic Affairs: MPH in Physical Activity and Public Health and in General Public Health. The cost of \$95 per application is charged directly to the students by SOPHAS and is not reflected in the University's fee schedule. Applicants for these programs also pay the \$50 graduate school application to the University of South Carolina.					
46) Arnold School of Public Health - Doctor of Physical Therapy tuition charged based on resident graduate tuition. Resident rate equals resident graduate rate. Non-Resident rate equals 1.6 times the resident graduate rate. Non-Resident Scholarship rate equals 1.3 times the resident graduate rate. Students also pay the Health Professions Fee.					
47) USC Columbia Housing - Housing contract cancellation and fines and damages. Please refer to University Housing for details on cancellation dates and charges and all fines and damage charges. This information is updated annually on the Housing website. Summer School - All summer school room rent charges are derived as a prorated rent from the academic year. A 10% discount is given when an applicant applies for all three sessions of summer school. Housing charges a \$100 deposit for room confirmation. This deposit is applied to the Fall room charge.					
48) University Libraries - Please refer to full schedule of fees and fines for University Libraries available on the USC website.					
49) USC Columbia Parking - Please refer to full schedule of fees and fines for Parking available on the USC Parking website.					
50) USC Aiken resident rate applies to students who are legal residents of Richmond and Columbia counties of Georgia as provided in South Carolina Code of Laws 59-112-110.					
51) USC Senior Campuses non-resident scholarship rate is 75% of the campus non-resident tuition. Each campus establishes specific criteria for scholarship award.					
52) USC Aiken - Reduced application fee for students who qualify for College Board/ACT fee waiver only.					
53) USC Beaufort - Any special course fees to cover materials, travel, or other special costs above normal tuition must be approved in advance by the Chancellor for USC Beaufort. Special OSP courses assessed at board mandated fee rate. All fees must be paid by students directly to the University of South Carolina Beaufort. Any exceptions must be specifically approved in advance by the Executive Vice Chancellor and Chief Financial Officer for USC Beaufort.					
54) USC Beaufort Joint Nursing Program with Technical College of the Low Country (TCL) - A student in the program will be assessed TCL tuition rates and total tuition may not exceed the TCL rate for selected courses in the articulation agreement only.					
55) USC Beaufort resident rate applies to students who are legal residents of Chatham, Effingham and Bryan counties of Georgia as provided in South Carolina code of Laws 59-112-20-E.					
56) USC Beaufort - Application fees may be waived for new applicants to USCB for the following reasons: Application fee waiver requests due to a financial hardship must be submitted in writing from the applicant or guidance counselor or receive a fee waiver for the SAT or ACT. Application fees may also be waived for the purpose of strategically addressing recruitment efforts identified annually through the enrollment management planning process. Specifically for Fall and Spring Campus Day and high school visits.					
57) USC Beaufort housing and meal plans are outsourced through the Beaufort - Jasper Higher Education Commission. USC Beaufort collects room fees for distribution to the Commission based on an agreement.					

UNIVERSITY OF SOUTH CAROLINA PROPOSED FEE SCHEDULE

2010-11 TO 2011-12

FEE DESCRIPTION	NOTES	FULL-TIME (1)		PART-TIME (1)	
		CURRENT YEAR 2010-11	PROPOSED 2011-12	CURRENT YEAR 2010-11	PROPOSED 2011-12
NOTES (CONTINUED)					
58) USC Beaufort - USC Beaufort - All non-freshman students residing in on-campus student housing will be required to purchase a 10 meal per week plan. All freshman students residing in on-campus housing will be required to purchase a 14 meal per week plan.					
59) USC Beaufort - All students classified as full time by taking 12 or more hours of instruction will be required to purchase a 30 block per semester meal plan.					
60) USC Upstate - Zhejiang University- Degree Completion Program - This rate is inclusive of all fees incurred by student, including technology fee, parking fee, health fee, and program fees. This rate does not include housing, meal plan fees or student health insurance.					
61) USC Upstate - Additional course fees are in addition to regular student tuition.					
62) USC Upstate Application fees will be waived for the following students who are currently enrolled in high school and are applying for freshman admission to the Upstate campus: Students with an SAT total of 1300 or above or ACT composite of 29 or above; Students who submit Educational Testing Service fee waiver forms for students from SC; Upstate Junior Scholars (applies only to semester immediately following high school graduation), Scholars Academy , Off-campus Dual Enrollment, Upward Bound Students or those who demonstrate other documented need. Application fees will be waived for the following applicants, regardless of degree status or school enrollment: full-time, permanent USC Upstate faculty and staff (including retired), their spouses and dependents; ROTC staff (eligible for USC Faculty/Staff Tuition Assistance).					
63) USC Upstate Housing - Contract cancellation, fines and damages - please refer to USC Upstate Housing website and/or Housing application for details on cancellation dates, charges, fines and damage charges. Information will update annually. All new full-time freshman under the age of 20 are required to live on campus unless they reside in the local area with their parents.					
64) USC Upstate - Minimum mandatory meal plan for non-residential freshman and sophomore students.					
65) USC Upstate - Mandatory minimum meal plan for students in campus housing.					
66) USC Upstate - Athletic Insurance Fee charge approved off-cycle by the BOT in Fall 2010. Rate is a range depending on individual athlete experience.					
67) USC Upstate - Parking - Please refer to full schedule of fees and fines for Parking available on the USC Upstate website.					
68) USC Upstate - SLED background check charge may be required for certain University courses.					
69) Palmetto Programs tuition changed to regional campus rates. For students taking "P" designated courses with less than 75 hours, the tuition follows the Regional Campus schedule. For students taking "P" designated courses with 75 or more hours, the tuition is assessed at a higher rate, currently equivalent to USC Aiken.					
70) USC Salkehatchie - Teacher Cadet Program is sponsored by the Western Carolina Higher Education Commission which pays the faculty salary for EDTE101 and EDTE 101P.					

Revenue Object Codes

Arrange in Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
Contact E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H29	USC - Aiken	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provide separately.	\$39,394,461

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Leslie Brunelli
Contact's Phone Number: (803) 777-1967
Contact's E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H29	USC Aiken	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$374,543	\$36,510,614	1.0%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Revenues from these sources are not received in a timely manner and may cross fiscal years. Funding may be used for strategic initiatives as approved by the USC Board of Trustees and Administration. Operating revenue funds exceeding this amount are used in future years to partially offset bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, unforeseen budget items necessary to ensure security, health and safety, and state funding cuts.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
2 H29	USC Aiken	43B1 *	Education Lottery	4001	\$0	\$364,253		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H34	USC - Upstate	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provided separately.	\$65,483,455

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

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Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H34	USC Upstate	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$338,906	\$59,540,417	0.6%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Receipt of revenues from these sources are not received in a timely manner and may cross fiscal years. Operating revenue funds exceeding this amount are used in future years to partially offset state funding cuts, bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, and unforeseen budget items necessary to ensure security, health and safety.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
2 H34	USC Upstate	43B1	Education Lottery	4001	\$0	\$571,245		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H36	USC - Beaufort	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provided separately.	\$18,406,555

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

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Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2009-10 Year End Cash Balance	FY 2009-10 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H36	USC Beaufort	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$339,108	\$17,632,741	1.9%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Receipt of revenues from these sources are not received in a timely manner and may cross fiscal years. Operating revenue funds exceeding this amount are used in future years to partially offset state funding cuts, bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, and unforeseen budget items necessary to ensure security, health and safety.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
2 H36	USC Beaufort	43B1	Education Lottery	4001	\$0	\$0		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
Contact E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H37	USC - Lancaster	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provided separately.	\$11,659,443
2 H37	USC - Lancaster	3463	Other Operating Exp	7283	Fiscal Year 2009 Proviso 90.13 Non-Recurring Revenue		Special one time appropriation for operating expenditures	Instruction, Academic Support, Student Service, Institutional Support, Operations and Maintenance	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Special one time appropriation for operating expenditures	

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

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Contact's E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H37	USC Lancaster	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$157,214	\$11,965,109	1.3%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Receipt of revenues from these sources are not received in a timely manner and may cross fiscal years. Operating revenue funds exceeding this amount are used in future years to partially offset state funding cuts, bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, and unforeseen budget items necessary to ensure security, health and safety.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
3 H37	USC Lancaster	43B1	Operating Revenue	4001	\$0	\$72,706		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
Contact E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H38	USC - Salkehatchie	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition ad Fee schedule provided separately.	\$7,437,276

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Leslie Brunelli
Contact's Phone Number: (803) 777-1967
Contact's E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H38	USC Salkehatchie	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$51,054	\$6,906,691	0.7%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Revenues from these sources are not received in a timely manner and may cross fiscal years. Funding may be used for strategic initiatives as approved by the USC Board of Trustees and Administration. Operating revenue funds exceeding this amount are used in future years to partially offset bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, unforeseen budget items necessary to ensure security, health and safety, and state funding cuts.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
2 H38	USC Salkehatchie	43B1	Education Lottery	4001	\$0	\$89,543		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H39	USC - Sumter	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provided separately.	\$8,484,138

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Leslie Brunelli
Contact's Phone Number: (803) 777-1967
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Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H39	USC Sumter	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$94,982	\$8,737,729	1.1%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Revenues from these sources are not received in a timely manner and may cross fiscal years. Funding may be used for strategic initiatives as approved by the USC Board of Trustees and Administration. Operating revenue funds exceeding this amount are used in future years to partially offset bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, unforeseen budget items necessary to ensure security, health and safety, and state funding cuts.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
2 H39	USC Sumter	43B1	Education Lottery	4001	\$0	\$48,193		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Leslie Brunelli
Contact Phone Number: (803) 777-1967
Contact E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 H40	USC - Union	3035	Operating Revenue	5001	From State Line Item Budget - Revenue Detail: Tuition and Fees; Other Unrestricted Revenue; Other Restricted Revenue	S. C. Code of Laws, Section 59 [SC ST SEC 59-117-40], [SC ST SEC 59-112]	Fees established by the respective governing boards for programs, activities, and projects not covered by appropriations or other revenues may be retained and used by each institution as previously determined by the respective governing boards.	Instruction, Public Service, Academic Support, Student Services, Operations and Maintenance, Auxiliary Services	Proviso 89.9 of FY 2009-10, FY 10-11 and FY 11-12 Appropriation Acts	Tuition and fees are charged for academic programs and courses. Tuition and Fee schedule provided separately.	\$3,643,661

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Leslie Brunelli
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Contact's E-mail Address: lgbrunel@mailbox.sc.edu

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
15 H40	USC Union	3035 and OTHER TO MATCH THE 3035 REVENUE REPORTED IN STATE LINE ITEM BUDGET DETAIL	Operating Revenue	4001 5001	\$49,650	\$3,619,126	1.4%	Operating funds are budgeted based on projected appropriations, estimated tuition and fees, and other projected revenues. Expenditures vary by fiscal year, academic year, and calendar year. Appropriations are provided on a fiscal year basis; tuition and fees on an academic year basis; other revenues on a cyclical basis. Billing for tuition and fees is based on semester and other revenues from grants may be billed monthly, quarterly, or on a project basis. Revenues from these sources are not received in a timely manner and may cross fiscal years. Excess operating funds have been set aside as part of the strategic planning initiative to upgrade the learning environment, provide technology center equipment, enhance security, improve health and safety operations, and recruit faculty. Operating revenue funds exceeding this amount are used in future years to partially offset bad debt collections, emergency repairs and equipment purchases, unfunded mandates by State, Federal or other regulatory agency, state funding cuts, and unforeseen budget items necessary to ensure security, health and safety.
								Disbursements are calculated by taking University Total Current funds expenditures as reported in state line item budget detail and removing Federal expenditures and state appropriations expenditures. These other funds expenditures are from sources including tuition and fees, other unrestricted revenues (such as auxiliary operations) and other restricted revenues (such as state and local grants). The difference between the total other revenues and total other expenditures now matches the change in carryforward on the state line item budget revenue summary.
16 H40	USC Union	43B1	Education Lottery	4001	\$0	\$69,536		The Commission on Higher Education administers the lottery technology funds and distributes funding 50% in October and 50% in last fiscal quarter, contributing to the need to carry forward funds. Institutions use these funds for technology upgrades and maintenance which are based on multi-year replacement schedules. In addition, the procurement process may contribute to a delay in the expenditure of these funds. NOTE: These items are listed on 1B as budgeted under subfunds 43B1; however, these funds are received through the State IDT process and not through 43B1.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Amanda Maghsoud
Contact Phone Number: (803) 323-4891
Contact E-mail Address: maghsouda@winthrop.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H47	Winthrop University	3036	Higher Ed Deposits	5001	Tuition and Student Fees	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of the subfund is to fund the educational and general operation of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc.	The revenue supports the educational mission of the university including instruction, academic support, student services, institutional support and operations and maintenance of plant.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from student fees.	\$44,105,696
2	H47	Winthrop University	3036	Higher Ed Deposits	7201	Sales and Services of Educational Departments	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc	The revenue supports the educational mission of the university including instruction, academic support, and public service.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from educational activities such as library, preschool laboratory, summer camp and conference center fees.	\$2,029,200
3	H47	Winthrop University	3036	Higher Ed Deposits	7201	Sales and Services of Athletic and Related Events	Section 89.9 of the 2009-10 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc.	The revenue supports the educational mission of the university including student services.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from athletic events	\$1,384,939

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Contact E-mail Address: maghsouda@winthrop.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H47	Winthrop University	3036	Higher Ed Deposits	7201	Sales and Services of Student Organizations	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc.	The revenue supports the educational mission of the university including student services.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from student organizations.	\$41,600
H47	Winthrop University	3036	Higher Ed Deposits	7602	Other Miscellaneous Income	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc	The revenue supports the educational mission of the university including instruction, academic support and public service.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from various misc university activities.	\$2,067,810
H47	Winthrop University	3116	Auxiliary Enterprises	7841	Sales and Services Auxiliary Enterprises for Higher Education	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to fund the auxiliary enterprise operations of the university to include housing, health center, cafeteria and bookstore.	The revenue supports the operation of auxiliary services to provide housing, meals and health services for students.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Student housing, meal plan and health fees are the primary sources of revenue for this subfund.	\$11,631,151
H47	Winthrop University	3228	Contracts and Grants	3305	Local Contract and Grants	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to maintain the restricted funds primarily from contracts and grants.	The revenue supports various university contract and grant programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from contracts and grants from agencies of local government.	\$140,308

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
8	H47	Winthrop University	3228	Contracts and Grants	4001	Allocations from State Agencies	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain the restricted funds primarily from contracts and grants.	The revenue supports various university contract and grant programs, as well as state student scholarship programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from contracts and grants and state student scholarship programs.	\$9,715,181
9	H47	Winthrop University	3228	Contracts and Grants	7506	Other Operating Grants	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain the restricted funds primarily from contracts and grants.	The revenue supports various university scholarship, contract and grant programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from private entities.	\$982,955
10	H47	Winthrop University	4636	Endowment Income	7602	Endowment Income	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain earnings from endowment principal accounts.	Funds in this subfund are expended primarily for student scholarships.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from earnings on endowments.	
11	H47	Winthrop University	4723	Children's Education Endowment	4001	Allocations from State Agencies	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain the restricted funds primarily from state education endowment funds.	The revenue supports the various state student scholarship programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated as transfers from state agencies (Commission on Higher Education) for student scholarship allocations.	\$2,795,955
12	H47	Winthrop University	4973	Education Improvement Act 1984	4005	Allocations Education Improvement Act	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. This subfund maintains funds for the grants funded by the Education Improvement Act.	The primary program support by the revenue in this subfund is the Center for Educator Recruitment, Retention and Advancement Grant.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Earned revenue from state government - Education Improvement Act..	\$4,063,553
14											\$78,958,348

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H47	Winthrop University	3036	Higher Ed Deposits	5001	Tuition and Student Fees	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of the subfund is to fund the educational and general operation of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc.	The revenue supports the educational mission of the university including instruction, academic support, student services, institutional support and operations and maintenance of plant.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from student fees.	\$44,108,696
2	H47	Winthrop University	3036	Higher Ed Deposits	7201	Sales and Services of Educational Departments	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc	The revenue supports the educational mission of the university including instruction, academic support, and public service.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from educational activities such as library, preschool laboratory, summer camp and conference center fees.	\$2,029,200
3	H47	Winthrop University	3036	Higher Ed Deposits	7201	Sales and Services of Athletic and Related Events	Section 89.9 of the 2009-10 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc.	The revenue supports the educational mission of the university including student services.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from athletic events	\$1,384,939

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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H47	Winthrop University	3036	Higher Ed Deposits	7201	Sales and Services of Student Organizations	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc.	The revenue supports the educational mission of the university including student services.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from student organizations.	\$41,600
H47	Winthrop University	3036	Higher Ed Deposits	7602	Other Miscellaneous Income	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to fund the educational and general operations of the university to include faculty and staff salaries and benefits, instructional and educational supplies, utilities, etc	The revenue supports the educational mission of the university including instruction, academic support and public service.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is primarily generated from various misc university activities.	\$2,109,410
H47	Winthrop University	3116	Auxiliary Enterprises	7841	Sales and Services Auxiliary Enterprises for Higher Education	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to fund the auxiliary enterprise operations of the university to include housing, health center, cafeteria and bookstore.	The revenue supports the operation of auxiliary services to provide housing, meals and health services for students.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Student housing, meal plan and health fees are the primary sources of revenue for this subfund.	\$11,631,151
H47	Winthrop University	3228	Contracts and Grants	3305	Local Contract and Grants	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund.	The purpose of this subfund is to maintain the restricted funds primarily from contracts and grants.	The revenue supports various university contract and grant programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from contracts and grants from agencies of local government.	\$140,308

Revenue Object Codes

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8	H47	Winthrop University	3228	Contracts and Grants	4001	Allocations from State Agencies	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain the restricted funds primarily from contracts and grants.	The revenue supports various university contract and grant programs, as well as state student scholarship programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from contracts and grants and state student scholarship programs.	\$16,574,689
9	H47	Winthrop University	3228	Contracts and Grants	7506	Other Operating Grants	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain the restricted funds primarily from contracts and grants.	The revenue supports various university scholarship, contract and grant programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from private entities.	\$982,955
10	H47	Winthrop University	4636	Endowment Income	7602	Endowment Income	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain earnings from endowment principal accounts.	Funds in this subfund are expended primarily for student scholarships.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated primarily from earnings on endowments.	
11	H47	Winthrop University	4723	Children's Education Endowment	4001	Allocations from State Agencies	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. The purpose of this subfund is to maintain the restricted funds primarily from state education endowment funds.	The revenue supports the various state student scholarship programs.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Revenue in this subfund is generated as transfers from state agencies (Commission on Higher Education) for student scholarship allocations.	\$2,795,955
12	H47	Winthrop University	4973	Education Improvement Act 1984	4005	Allocations Education Improvement Act	Section 89.9 of the 2010-11 Appropriations Act authorizes the revenue to be retained in this subfund. This subfund maintains funds for the grants funded by the Education Improvement Act.	The primary program support by the revenue in this subfund is the Center for Educator Recruitment, Retention and Advancement Grant.	Section 89.9 of the 2010-11 Appropriations Act provides authority for these funds to be carried forward.	Earned revenue from state government - Education Improvement Act..	\$4,063,553
14											\$85,862,456

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Amanda Maghsoud
Contact's Phone Number: (803) 323-4891
Contact's E-mail Address: maghsouda@winthrop.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H47	Winthrop University	3036	Higher Ed Deposits	5001,7201,7602	\$285	\$2,774,599	0.0%	Balance forward may be necessary to cover payroll or other IDTs related to summer school activity.
2	H47	Winthrop University	3116	Auxiliary Enterprise	7841	\$0	\$629,359	0.0%	None
3	H47	Winthrop University	3228	Grants and Contracts	3305,7506	\$0	\$195,579	0.0%	None
4	H47	Winthrop University	4636	Endowment Income	7602	\$220,048	\$0		Balance forward relates to restricted endowment income earned within fiscal year and allocated as student scholarship funds in subsequent year.
5	H47	Winthrop University	4723	Children's Educ Endowment	4001	\$0	\$10,438	0.0%	None
6	H47	Winthrop University	4973	Educ Improvement Act 1984	4005	\$0	\$0		None
7									

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

SOURCE: June 30, 2011 Comprehensive Annual Financial Report (CAFR)

Name of Agency Contact: Christine S. Brown / Patrick Wamsley

Contact Phone Number: 843-792-2864 / 843-792-8908

Contact E-mail Address: smallsch@musc.edu / wamsleyp@musc.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H51	MUSC	3035	Operating Revenue	4505	Parking Fees	To collect fees charged for the privilege of parking on State owned or leased property.	Healthcare education and medical and scientific research		Fees are charged to employees, patients and members of the general public who park in one of MUSC's garages or surface lots.	\$8,324,352
2	H51	MUSC	3035	Operating Revenue	4534	Fee-Staff Practice	To collect fees for medical practice plans.	Healthcare education and medical and scientific research		Fees generated from medical and dental practice plan.	\$45,498,981
3	H51	MUSC	3035	Operating Revenue	5001	Tuition and Student Fees	To designate fees charged for the cost of instruction and other related services	Healthcare education		Tuition and fees are charged to students who are accepted into one of MUSC's schools of higher medical education. MUSC offers degrees in Medicine, Dental Medicine, Nursing, Pharmacy and various other Allied Health professions.	\$69,196,854
4	H51	MUSC	3035	Operating Revenue	7201 7225 7403	Miscellaneous Revenue	To record revenue that is not otherwise specifically classified under any other revenue object code.	Healthcare education and medical and scientific research		This account reflects revenue from MUSC's Wellness Center, property leases and reimbursements from the Veteran's Administration Hospital for their use of MUSC's housekeeping staff.	\$14,191,509
5	H51	MUSC	3035	Operating Revenue	7506	Private Gifts and Grants /Contributions and Awards	To record funds donated through foundation and private gifts.	Healthcare education and medical and scientific research		Donations received through the foundation and private contributors.	\$53,653,213
6	H51	MUSC	3035	Operating Revenue	7803 7840 4516 4829	Sale of Services	To record sales or services of any nature which are not specifically classified under other codes.	Healthcare education and Medical and scientific research		This account reflects revenue received from the Department of Health and Human Services for healthcare services provided to a large portion of the indigent population of South Carolina. Also included in this account are dental practice plan charges, dental clinic fees, and continuing education/seminar fees.	\$150,151,635

Agency Subfunds
Cash Balances and Disbursements

Agency Code: H51
Agency Name: Medical University of South Carolina
Name of Agency Contact: Christine S. Brown / Patrick Wamsley
Contact's Phone Number: 843-792-2864 / 843-792-8908
Contact's E-mail Address: smallsch@musc.edu / wamsleyp@musc.edu

	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year-End Cash Balance	FY 2010-11 Total Disbursements from Subfund	16.5% of FY 2010-11 Disbursements	FY 2010-11 Year-End Balance Less 16.5% of Disbursements	Describe in detail all reasons, if any, why the agency needs to retain a balance greater than one quarter (16.5% = 60 Days) of the total disbursements for FY 2010-11.
1	3035	Operating Rev	2822	\$108,454	\$1,169,176	\$192,914	(\$84,460)	FEDERAL GRANTS
2	3035	Operating Rev	5701	\$3,396	\$36,606	\$6,040	(\$2,644)	COURT FINES
3	3035	Operating Rev	7201	\$17,445,923	\$188,074,006	\$31,032,211	(\$13,586,288)	MISCELLANEOUS REVENUE
4	3035	Operating Rev	7221	\$1,542,088	\$16,624,325	\$2,743,014	(\$1,200,926)	MISCELLANEOUS TRANSFER-OTHER FUND
5	3035	Operating Rev	7702	\$11,586	\$124,898	\$20,608	(\$9,023)	INSURANCE CLAIMS
6	3035	Operating Rev	7803	\$17,512,929	\$188,796,364	\$31,151,400	(\$13,638,471)	SALE OF SERVICES
				\$36,624,375	\$394,825,375	\$65,146,187	(\$28,521,812)	

MEDICAL UNIVERSITY OF SOUTH CAROLINA

REVENUE OBJECT CODE

DETAIL OF FEES

FY2011-12

MUSC (H51) – FY11
Subfund 3035, Revenue Object 5001

Schedule of Academic Charges for 2011-2012

Charges are effective fall 2011 for each semester unless otherwise noted and are subject to change at any time by the MUSC Board of Trustees or by circumstances beyond the control of the University.

Fall/Spring	EACH TERM			EACH TERM		
	Full-time			Part-time (per semester hour)		
	In-State	Out-of-State	Out-of State with Scholarship*	In-State	Out-of-State	Out-of-State with Scholarship*
Dental Medicine						
<i>DMD</i>						
Semester	14,629	25,576	N/A	N/A	N/A	N/A
Summer 2012	11,194	19,893	N/A	N/A	N/A	N/A
<i>Masters</i>						
Semester	1,392	1,392	N/A	N/A	N/A	N/A
Summer 2012	1,280	1,280	N/A	N/A	N/A	N/A
Graduate Studies						
<i>Master in Biomedical Sciences</i>						
Semester	6,426	10,028	N/A	541	830	N/A
Summer 2012	5,168	7,894	N/A	541	830	N/A
<i>Ph.D.</i>						
Semester	6,410	9,495	N/A	572	873	N/A
Summer 2012	5,252	7,527	N/A	572	873	N/A
Health Professions						
<i>Graduate</i>						
Semester	7,497	10,805	N/A	870	1,446	N/A
Summer 2012	7,497	10,805	N/A	870	1,446	N/A
<i>Cardiovascular Perfusion</i>						
Semester	7,017	10,805	N/A	N/A	N/A	N/A
Summer 2012	7,017	10,805	N/A	N/A	N/A	N/A
<i>Anesthesia for Nurses</i>						
Semester	7,497	10,805	7,797	N/A	N/A	N/A
Summer 2012	7,497	10,805	7,797	N/A	N/A	N/A
<i>Master in Health Administration - Executive</i>						
Semester	7,497	8,118	N/A	775	838	N/A
Summer 2012	7,497	8,118	N/A	775	838	N/A

<i>Master in Healthcare Administration - Residential</i>						
Semester	7,497	10,805	N/A	870	1,446	N/A
Summer 2012	7,497	10,805	N/A	870	1,446	N/A
<i>Master in Research Administration</i>						
Semester	5,000	5,000	N/A	870	1,446	N/A
Summer 2012	5,000	5,000	N/A	870	1,446	N/A
<i>Occupational Therapy</i>						
Semester	7,497	10,805	N/A	N/A	N/A	N/A
Summer 2012	7,497	10,805	N/A	N/A	N/A	N/A
<i>Physician Assistant</i>						
Semester	7,497	10,805	N/A	870	1,446	N/A
Summer 2012	7,497	10,805	N/A	870	1,446	N/A
<i>Doctorate in Health Administration</i> (Annual Tuition)	27,711	27,711	N/A	N/A	N/A	N/A
<i>Doctorate in Health Administration -</i> (Annual Tuition)	15,750	15,750	N/A	N/A	N/A	N/A
<i>Doctorate in Health Administration -</i> <i>Information Systems</i> (Annual Tuition)	15,750	15,750	N/A	N/A	N/A	N/A
<i>Doctorate in Health and Rehabilitation Science</i>						
Semester	5,887	6,245	N/A	N/A	N/A	N/A
Summer 2012	5,887	6,245	N/A	N/A	N/A	N/A
<i>Doctorate in Physical Therapy</i>						
Semester	7,497	10,805	7,797	N/A	N/A	N/A
Summer 2012	7,497	10,805	7,797	N/A	N/A	N/A
Medicine						
First, Second and Fourth Years	16,694	29,926	N/A	N/A	N/A	N/A
Third Year	20,815	34,473	N/A	N/A	N/A	N/A
Summer 2012	N/A	N/A	N/A	N/A	N/A	N/A
Nursing						
<i>Undergraduate</i>						
Semester	7,009	11,912	N/A	634	1,102	N/A
Summer 2012	7,009	11,912	N/A	634	1,102	N/A
<i>Graduate & PhD</i>						
Semester	7,725	9,553	N/A	795	985	N/A
Summer 2012	7,725	9,553	N/A	795	985	N/A
Pharmacy - SCCP*						
Semester	9,497	14,225	12,053	791	1,185	1,004
Summer 2012	2,800	4,100	3,500	791	1,185	1,004

* All tuition and fee increases are subject to change due to the joint SCCP program with USC. The USC tuition and fee rates have not been determined yet.

Fees shown are per term unless otherwise indicated.

University Informatics Fee	
All part-time students	\$193.00
All full-time students (fee is included in the "Academic Charge")	

University Library Fee	
All part-time students	\$158.00
All full-time students (fee is included in the "Academic Charge")	

PROGRAM FEES

Dental Medicine	
<i>Disability Insurance (annual)</i>	
First and Second Year students	\$80.00
Third and Fourth Year students	\$120.00
<i>(annual)</i>	
First through Fourth Year students	\$4,400.00
<i>and Lab Support Fee (annual)</i>	\$7,500.00
<i>anatomy (First Year students only)</i>	\$950.00
<i>Lab (First Year students only)</i>	\$200.00
<i>Informatics fee (annual)</i>	\$6,000.00
<i>Master of Science in Dentistry (annual)</i>	\$8,500.00

Graduate Studies	
<i>Responsible Conduct of Research Fee (full-time and part-time)</i> <i>(does not apply to MSCR or Nursing PhD programs)</i>	\$100.00

Health Professions (all are per semester)	
<i>Cardiovascular Perfusion</i>	\$750.00
<i>Nurse Anesthesia</i>	\$1,355.00
<i>Physician Assistant (full-time)</i>	\$700.00
<i>Physician Assistant (part-time)</i>	\$192.00
<i>Master in Healthcare Administration, Residential (full-time)</i>	\$539.00
<i>Master in Healthcare Administration, Residential (part-time)</i>	\$413.00
<i>Master in Healthcare Administration Executive (full-time)</i>	\$490.00
<i>Master in Healthcare Administration Executive (part-time)</i>	\$375.00
<i>Master in Research Administration (full-time)</i>	\$490.00
<i>Master in Research Administration (part-time)</i>	\$375.00
<i>Certificate in Health Management (CHM) Facilities Fee</i>	\$78.00
<i>Doctorate in Health Administration</i>	\$214.00
<i>Doctorate in Health Administration - Interprofessional</i>	\$214.00
<i>Doctorate in Health Administration - Information Systems</i>	\$214.00
<i>Doctorate in Health and Rehabilitation Science</i>	\$150.00

<i>Doctorate in Physical Therapy</i>	\$550.00
<i>Occupational Therapy and MSRS</i>	\$500.00
Medicine	
<i>Gross anatomy (First Year students only)</i>	\$950.00
<i>Student Disability Insurance</i>	
First and Second Year students (annual)	\$68.00
Third and Fourth Year students (annual)	\$81.00
<i>Syllabi Fee - (First Year and Second Year students) (annual)</i>	\$300.00
<i>Examination and Technical Support Fee (annual)</i>	
First Year students	\$225.00
Second Year students	\$260.00
Third Year students	\$355.00
Fourth Year students	\$125.00
<i>Physical Diagnosis Fee (First Year students, annual)</i>	\$675.00
<i>Rotation Credentialing Fee (Second Year students, annual)</i>	\$85.00
Nursing	
<i>Undergraduate Students (full-time)</i>	\$270.00
<i>Undergraduate Students (part-time)</i>	\$135.00
<i>Graduate Students/PhD (full-time)</i>	\$420.00
<i>Graduate Students/PhD (part-time)</i>	\$210.00
<i>Nurse Practitioner Students (full-time)</i>	\$560.00
<i>Nurse Practitioner Students (part-time)</i>	\$285.00
<i>Testing/NCLEX Prep (First Semester BSN except RN-BSN)</i>	\$425.00
<i>Online Program Fee (additional fee per credit hour)</i>	\$70.00
<i>DNP clinical course fee (per clinical course)</i>	\$250.00
<i>Undergraduate Lab Fee</i>	\$300.00
<i>Ph.D. Student Fee - (All First Semester Ph.D. students)</i>	\$50.00
INSTITUTIONAL CHARGES	
<i>Application filing fee for admission (including non-degree students)</i>	
MUSC full-time staff	\$60.00
Online filing including Non-degree Seeking	\$95.00
<i>Matriculation fee</i>	\$485.00
Student services fee for part-time students	\$510.00
Non-degree student access fee	\$55.00
<i>Late payment fee - 1.5% of total amount past due</i>	1.5%
<i>Returned check fee</i>	\$30.00
<i>Audit fee</i>	part-time credit hour charge

<i>Transcript fee (not-enrolled student)</i>	\$15.00 per copy
Student (full-time and part-time)	No Charge
Expedited service in 24 hours	\$10.00 additional
<i>Record reviewing fee</i>	\$3.00 per page
<i>Record faxing fee</i>	\$2.00 per page

Subfund 3035, Revenue Object Code 4505

MUSC Employee Parking:

On-campus parking--\$660/year

Off-campus parking--\$360/year

MUSC Student Parking:

On-campus parking--\$90/trimester*

Off-campus parking--\$75/trimester*

*Trimester = 3 roughly equal periods comprised of fall, spring and summer academic periods.

Patient and Visitor Parking in Public Facilities:

Outpatients--\$.75 each half hour (\$3 daily max)

Inpatients and Families--\$.75 each half hour (\$6 daily max)

Business Visitors--\$.75 each half hour (no daily max)

Motorcycle Parking--No charge

Handicap Parking--Same fee that others pay for the same location.

After Hours Parking--\$20 annual registration fee

Departmental Permits--\$20 annual registration fee

Guest Parking in Employee Facilities--\$5/day

Valet Parking--\$5/visit

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H59	SBTCE	3119	Motorcycle Safety Program	7201	Miscellaneous Revenue	59-53-2020, 2030	To collect fees in order to support the Motorcycle Safety Program in partnership with the Dept of Public Safety.	Motorcycle Safety instructional courses.	N/A	Student Tuition and Fees	\$40,060
2	H59	SBTCE	3521	Grants from State Agencies	7506	Other Operating Grants - Restricted	59-59-170, 190	To designate operating grant funds received from an entity other than the Federal government that are restricted by the grantor for use in a particular function (i.e., General Government, Education, Social Services, or Health and Environment).	Education and Economic Development Act - marketing in relation to the initiatives of the Act.	Section 1.68	Revenue received from the SC Department of Education in order to carryout the following: (1) identify potential employers to participate in the career-oriented learning programs; (2) serve as a contact point for employees seeking career information and training; (3) promote increased career awareness and career counseling through the management and promotion of the South Carolina Occupational Information System; (5) collaborate with local agencies and businesses to stimulate funds; and (6) cooperate in the creation and coordination of workforce education programs.	\$492,580
3	H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	5001	Tuition and Student Fees	59-53-52	To delegate budget authority to the Technical Colleges for their tuition and student fees. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	To defray the cost of instruction of students attending Technical Colleges	N/A	Student Tuition and Fees	\$320,050,444

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	7201	Miscellaneous Revenue	59-53-52	To delegate budget authority to the Technical Colleges for their other funds received through miscellaneous sources. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	To support administrative and academic activities, general operating fund, and operation & maintenance of plant	N/A	Institutional miscellaneous revenue from various sources, including counties.	\$17,859,362
H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	7506	Other Operating Grants - Restricted	59-53-52	To delegate budget authority to the Technical Colleges for their other funds received for other operating restricted grants. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	Access & Equity; Higher Education Awareness; LPN Richland School District 1; State School to Work Training; F.E. Dubose Career Center; and Duke Power Electric Cars	N/A	Grants from various state and local agencies and the private sector to implement several restricted programs.	\$10,259,305

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	7604	General Contributions and Donations - Unrestricted	59-53-52	To delegate budget authority to the Technical Colleges for their other funds received through contributions and donations. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	Miscellaneous instructional costs, operational costs, and student scholarships	N/A	Contributions and donations from private sector.	\$2,367,741
H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	7605	General Operating Contributions and Donations - Restricted	59-53-52	To delegate budget authority to the Technical Colleges for their other funds received through restricted contributions and donations. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	Miscellaneous instructional costs, operational costs, and student scholarships	N/A	Contributions and donations from private sector.	\$57,362,869

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	7840	Sales & Services - Educational	59-53-52	To delegate budget authority to the Technical Colleges for their other funds received through sales and services. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	Provides student with hands on experiences. Funds are used to pay for supplies and equipment needed to provide services.	N/A	This activity provides revenues that incidentally create goods and services that are sold to students, faculty, staff, and the general public. Examples are revenues generated by cosmetology and automotive repair programs.	\$2,135,073
H59	SBTCE	3527	Reg Tech Centers - Not on CG Books	7841	Sales & Services - Auxiliary Enterprises	59-53-52	To delegate budget authority to the Technical Colleges for their other funds received through auxiliary enterprises. Technical Colleges not on CG. This subfund is used to make Colleges appropriations on STARS equal the Appropriations Act. No cash is ever deposited in this subfund.	Food services, book stores, residence halls, and vending	N/A	Self-supporting activities that offer: 1) food; 2) books, classroom supplies, clothing, toiletries, and novelties; 3) on-campus housing to full-time DTC students; and 4) snacks, to students, faculty and staff.	\$58,853,803

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
10	H59	SBTCE	3958	Sale of Assets	7861	Sale of Other Non-Capital Assets	Regulation 19445.2150	To allow the agency to retain proceeds from the sale of assets if used for the purchase of like-kind items.	Training equipment needed as part of the Economic Development program	N/A	Sale of equipment used for specialized training.	\$381,545
11	H59	SBTCE	32S1	Economic Opp - ARRA	4001	Alloc From St Agencies Economic Opp-ARRA	ARRA	To allocate funds from OEO for the Weatherization contract. This subfund is for all System Office activities in relation to administering the contract.	ARRA funds received via contract from the OEO to create six regional Energy Efficiency Training Centers for the OEO Weatherization Assistance Program.	N/A	Revenue received from the Office of Economic Opportunity to carry out the Weatherization Assistance Program (WAP). WAP provides home weatherization assistance to improve the quality of life for low-income families, particularly for the elderly, people with disabilities and children by improving the energy efficiency of their homes while ensuring their health and safety. The Weatherization Assistance Program for each of the state's 46 counties is coordinated through eight community action agencies. (WAP is a formula grant funded by the U.S. Department of Energy).	\$70,352
12	H59	SBTCE	33S1	Economic Opp - ARRA - F/S Agy	4001	Alloc From St Agencies Economic Opp-ARRA	ARRA	To allocate funds from OEO for the Weatherization contract. This subfund is for all Technical College activities in relation to administering the contract.	ARRA funds received via contract from the OEO to create six regional Energy Efficiency Training Centers for the OEO Weatherization Assistance Program.	N/A	Revenue received from the Office of Economic Opportunity to carry out the Weatherization Assistance Program (WAP). WAP provides home weatherization assistance to improve the quality of life for low-income families, particularly for the elderly, people with disabilities and children by improving the energy efficiency of their homes while ensuring their health and safety. The Weatherization Assistance Program for each of the state's 46 counties is coordinated through eight community action agencies. (WAP is a formula grant funded by the U.S. Department of Energy).	\$736,800

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
13	H59	SBTCE	34S8	Energy Training Program - ARRA	7201	Alloc From St Agencies Economic Opp-ARRA	ARRA	To allocate funds from SC Energy Office for the Energy contract. This subfund is for all Technical College activities in relation to administering the contract.	ARRA funds received via contract from the SC Energy Office to develop, execute, and facilitate energy related and energy sustainability training events.	N/A	Revenue received from the S.C. Energy Office to carry our Energy Training Programs. These programs will offer building codes training, Certified Energy Management in cooperation with the Association of Energy Engineers, HVAC testing training, installation and development of solar PV and solar thermal systems, installation of geothermal systems, and may offer additional renewable energy related course. The Energy Training Program is a formula grant funded through the U.S. Department of Energy.	\$277,579
14	H59	SBTCE	35S5	Contracts for Services - ARRA	4001	Alloc From St Agencies Economic Opp-ARRA	ARRA	To allocate funds for ARRA stimulus funds	ARRA Funds received via contract with Governors office to use as stimulus monies for training purpose.	N/A	Revenue received as ARRA Stimulus funds from Governors Office to carry out trianing programs at technical colleges	\$320,000
15	H59	SBTCE	39H2	Proviso 90.16 FY 2010-2011	7274	FY 2011 Proviso 90.16	Proviso 90.16	These are Increased Enforcement Collection Revenues	These are funds that will be used to provide direct training for new and expanding business and/or industry.	Section 18.2	Non-recurring revenue as appropriated in Proviso 90.16 is the source of funding.	\$7,000,000
16	H59	SBTCE	3603	Tri-County Technical College Occupational Center	8895	H.3621- FY2006-2007	H.3621- FY2006-2007	To allocate funds to capital project - Tri-Coutny Technical College Occupational Center	Provides funds for Capital project - Tri-County Technical College Occupational Center	N/A	Capital Improvement Bond funding as appropriated in H3621 for FY2006-2007	\$2,229,671
17	H59	SBTCE	3907	Capital Projects - Other Funds	7221	Miscellaneous Transfer - Other Funds	Various Capital Improvement projects	To allocate funds for capital improvement projects - other funds	Provides funds for Capital Improvement projects for various colleges	N/A	Capital Improvement Bond funding as appropriated to various sources for capital projects	\$137,654

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cindy Brady
Contact Phone Number: 803-896-5311
Contact E-mail Address: bradyc@sctechsystem.edu

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
18 H59	SBTCE	43B1	Education Lottery Account	7221	Miscellaneous Transfer - Other Funds	59-150-355,356 & 360;	To transfer funds from the Commission on Higher Education for allowable expenditures.	Provides South Carolina students with assistance to attend Technical College and provides upgrades to equipment and technology.	Section 2.7	Funds from S.C. Education Lottery transferred from the Commission on Higher Education.	\$49,111,941

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Cindy Brady
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Contact's E-mail Address: bradyc@sctechsystem.edu

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H59	SBTCE	3119	Motorcycle Safety Program	7201	\$128,364	\$31,098	412.8%	In partnership with the Department of Public Safety's Office of Highway Safety, SBTCE utilizes funds to 1) provide rider education and training, instruction materials, bikes/parts, instructor's salary, and other miscellaneous instructional costs involved with an educational program. These expenditures vary from year to year depending on the need from students; therefore, it is necessary to carry forward more than 1/16th of funds in order to cover expenses for years when enrollment may be higher.
2	H59	SBTCE	3463	Proviso 90.13 FY 2008-09	7283	\$0	\$10,904	0.0%	None
3	H59	SBTCE	3526	Grants from State Agencies	7506	\$0	\$24,940	0.0%	None
4	H59	SBTCE	3805	Miscellaneous Revenue	7234	\$1,518	\$43,264	3.5%	This revenue is generated from the procurement card rebate. This revenue is used to offset expenditures as they are needed.
5	H59	SBTCE	3958	Sale of Assets	7861	\$350,395	\$182,103	192.4%	These funds are obligated for expenses this fiscal year to replace information technology equipment.
6	H59	SBTCE	32S1	Economic Opp-ARRA	4001	\$67,388	\$1,095,424	6.2%	None
7	H59	SBTCE	33S1	Economic Opp-ARRA-F/S Agy	4001	\$75,826	\$89,651	84.6%	None
8	H59	SBTCE	34S8	Energy Program Training - ARRA	3827	\$62,923	\$322,753	19.5%	None
9	H59	SBTCE	43B1	Education Lottery Account	7221	\$3,503,042	\$49,086,375	7.1%	The majority of the carry-forward funds are for technology and those funds are not received until late in the Fiscal Year. This makes it difficult to expend those funds within the same fiscal year.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Elroy Whitaker
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Contact E-mail Address: ewhitake@ed.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H63	Education	3010	Health Ins Premiums	3801	Refund Prior Yr. Expenditure		Refund of prior year expenditure		Refund of prior year expenditure	\$841,675
	H63	Education	3010	Health Ins Premiums	7201	Misc. Revenue		Refund of prior year expenditure		Refund of prior year expenditure	\$172
	H63	Education	3035	Operating Revenue	1710	School Bus Use Permits		To collect permit fees from districts for field trips, etc.		Revenue is generated from the issuing of permits for transportation services provided school districts.	\$7,528,049
2	H63	Education	3035	Operating Revenue	2802	Indirect Cost		Fee for services special grant		Fee for services special contracts with federal funds	\$722
3	H63	Education	3035	Operating Revenue	2805	Fed Grant Subcontract				Fee for services special contracts with federal funds	\$248,669
	H63	Education	3035	Operating Revenue	3801	Refund Prior Yr. Expenditure		Refund of prior year expenditure		Refund of prior year expenditure	\$264,314
	H63	Education	3035	Operating Revenue	3901	Medicaid/Medicare Reimbursement		Medicaid/Medicare Reimbursement		Reimbursement of transportation service from school districts	\$289,070
5	H63	Education	3035	Operating Revenue	4529	GED Testing Fee	State Board Regulation 43-259	Lease GED testing materials and pay for administration cost of GED Testing and to administering the GED exam		Revenue is generated by the collection of testing fees for the GED exam and payments for the preparation of duplicate GED diplomas and score reports	\$683,319
6	H63	Education	3035	Operating Revenue	4535	Record Search Fee		Revenue from FOI request		Charges from FOI requests	\$570
	H63	Education	3035	Operating Revenue	4829	Training Conference Reg Fee		To collect registration fees from non-employees in attendant		Registration fees are collected from non - employees attending training session	\$399,385
	H63	Education	3035	Operating Revenue	7201	Miscellaneous Revenue		To collect revenue from different revenue source not clearly identifiable		Revenue generated from late fees buses, core credits, school district administration claims, SC Eden project, instructional material liquidated damages, single audit charges, sale of auto tags, SCDE computer leasing account	\$1,755,892
9	H63	Education	3035	Operating Revenue	7221	Misc. Transfer-Other Fund		To collect revenue from different revenue source not clearly identifiable		Administrative costs of agency	\$17,635
	H63	Education	3035	Operating Revenue	7234	Purchasing Card Rebate		Purchasing Card Rebate program		Funds transferred from purchasing card rebate program	\$56,631
11	H63	Education	3035	Operating Revenue	7404	Royalties		To collect revenue form royalties		Sale of books	\$608

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Elroy Whitaker
Contact Phone Number: (803) 734 - 8008
Contact E-mail Address: ewhitake@ed.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
	H63	Education	3035	Operating Revenue	7505	Other Grants-Unrestricted		Fee from services non restricted			Non specific fee for services	\$32,500
14	H63	Education	3035	Operating Revenue	7506	Other Operating Grants - Restricted		To collect donations and foundation funds	Engineer inspections, E-Learning projects, environmental education		Revenue generated from Greenville School district for engineering inspections, donations from AT&T, Gateway Academy Foundation and V Kann Rasmussen Foundation	\$141,500
15	H63	Education	3035	Operating Revenue	7605	General Operating Contributions & Donations		To receipt contributions, donations and restricted donations	Activity include education and training for non-state employees		Voluntary Tax Contributions, the Palmetto Horizon fund, Advance Energy donation and the SC Financial Literacy Trust account	\$46,175
16	H63	Education	3035	Operating Revenue	7702	Insurance Claims		Insurance claim reimbursement	Replacement cost of items damaged or destroyed		Insurance reimbursement for stolen, damaged equipment	\$223,728
18	H63	Education	3035	Operating Revenue	7815	Sale of Listings & Labels		Receipt from the sale of labels	Support the Public Information office		Label are sold to individuals, organizations, and businesses. Fund are used to make purchases of TV/DVD/VCR player, LCD projectors and portable sound system.	\$833
19	H63	Education	3035	Operating Revenue	7821	Sale of gasoline		To collect funds from the sale of diesel fuel to school districts	Supports the cost associated with ordering the fuel		Sale of diesel fuel to the school district to use in activity buses. The SCDE is on state contract and obtain fuel at a much lower rate	\$286,464
20	H63	Education	3035	Operating Revenue	7823	Sale of recycling Material		To collect revenue from the sale of recycled oil and scrap metal	Support the operation of the school bus transportation system		To collect revenue from Santee Cooper for the sale of recycled oil and scrap metal	\$76,018
21	H63	Education	3035	Operating Revenue	7827	Damaged Textbook Revenue	R43-71 Sections 19-20	Collect fines from damaged textbooks	Free Textbook program		Fees for lost and damaged textbooks collected from students and parents are paid to SCDE by school districts	\$1,313,117
	H63	Education	3035	Operating Revenue	7854	Sale of mach & equip						\$13,960
	H63	Education	31S2	Medicaid Assistance-ARRA	3901	Medicaid/Medicare Reimbursement		To receipt all revenue for special needs transportation	Fuel for buses, conference center activities and innovation programs		Revenue received from SCDHHS for service provided by SCDE	\$232,938
	H63	Education	3764	Medicaid Assistance Payments	3901	Medicaid/Medicare Reimbursement		To receipt all revenue for special needs transportation	Fuel for buses, conference center activities and innovation programs		Revenue received from SCDHHS for service provided by SCDE	\$4,435,125
	H63	Education	39H2	Increased Enforcement Collection	7274	Non - Recurring Transfer	Proviso 90.16					\$13,562,000
	H63	Education	3907	Capital Projects Other Funds	7221	Misc. Transfer Other Funds		Construction projects	Construction projects		Transfer from appropriated or earmarked funds	(\$19,591)
	H63	Education	3958	Sale of Assets	7853	Sale of Vehicles (Capitalized)		Sale of used buses and vehicles	Support the operation of the school bus transportation system		Sale of used buses and vehicles	\$484,784

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Elroy Whitaker
Contact Phone Number: (803) 734 - 8008
Contact E-mail Address: ewhitake@ed.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
	H63	Education	3958	Sale of Assets	7854	Sale of mach & equip						\$27,879
25	H63	Education	4220	SC First Steps - Other Fund	6601	Investment Earnings	SC Code of Law 20-7-9740A	To receipt interest earned on private and public donations	Support the SC First Steps initiative	SC Code of Law 20-7-9740A, 59-152-140	Public and private funds of the SC First Steps program are receipted in a restricted account that earns interest.	\$6,876
26	H63	Education	4220	SC First Steps - Other Fund	7605	General Operating Contributions & Donations	SC Code of Law 20-7-9740A	To receipt donations	Support the SC First Steps initiative	SC Code of Law 20-7-9740A, 59-152-140	Private and public donations to SC First Steps	\$530,465
	H63	Education	4287	SC First Steps - General Fund Approp	3801	Refund Prior Yr. Expenditure						\$226
27	H63	Education	4287	SC First Steps - General Fund Approp	4101	State General Fund Appropriation	SC Code of Law 20-7-9740B	To receipt state appropriate funds	Support the SC First Steps initiative	SC Code of Law 20-7-9740A, 59-152-140	State appropriations are transferred to a restricted account	\$12,097,224
28	H63	Education	4287	SC First Steps - General Fund Approp	6601	Investment Earnings	SC Code of Law 20-7-9740B	Interest earned on state appropriations	Support the SC First Steps initiative	SC Code of Law 20-7-9740A, 59-152-140	Interest earned on state appropriations	\$218,486
	H63	Education	43B1	Education Lottery	3801	Refund Prior Yr. Expenditure		Refund of prior year expenditure	SCDE lottery initiative		Refund of prior year expenditure	\$3,447
30	H63	Education	43B1	Education Lottery	7221	Miscellaneous Transfer - Other Funds		To receipt actual lottery fund revenue	SCDE lottery initiative		Lottery revenue from B&C Office of State Budgets	\$49,614,527
	H63	Education	47G5	EFA Reserve Fund	4101	State General Fund Appropriation		IDT billing	EFA payments to school districts		IDT billing from other state agency	\$51,892
32	H63	Education	47G5	EFA Reserve Fund	6601	Investment Earnings		Interest earned on EFA restricted revenue	EFA payments to school districts		Interest earned on EFA restricted revenue	\$19,767
34	H63	Education	4723	Children Education Endowment	7221	Miscellaneous Transfer - Other Funds	SC Code of Laws Section 59-144-10	Revenue from Office of State Treasurer	School district payments	SC Code of Laws Section 59-144-10	Transfer requested from Office of State Treasurer	\$2,816,882
35	H63	Education	4973	Education Improvement Act	3801	Refund Prior Yr. Expenditure	59-21-450	To receipt EIA prior year expenditure	SCDE EIA initiatives	SC Code of Law 59-21-450	Refund Prior Yr. Expenditure	\$491,370
	H63	Education	4973	Education Improvement Act	4005	Alloc Education Improvement Act		EIA funds from state agency			EIA funds from state agency	\$4,871,035
36	H63	Education	4973	Education Improvement Act	6601	Investment Earnings	59-21-450	Interest earned EIA revenue	SCDE EIA initiatives	SC Code of Law 59-21-450	Interest earned EIA revenue	\$106,361
37	H63	Education	4973	Education Improvement Act	7221	Miscellaneous Transfer - Other Funds	Education Improvement Act	To receipt actual EIA revenue from Department of Revenue	SCDE EIA initiatives	SC Code of Law 59-21-450	Revenue from the Department of Revenue	\$531,669,314

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Elroy Whitaker
Contact's Phone Number: (803) 734-8008
Contact's E-mail Address: ewhitake@ed.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H63	Education	3035	Operating Revenue	1710 2802 2805 2822 3305 3801 3901 4529 4829 7201 7234 7270 7403 7404 7412 7506 7605 7702 7810 7815 7821 7823 7827 7854 7859 7902 7903	\$12,899,499	\$16,090,412	80.2%	FY monthly revenue varies significantly and FY total revenue is uncertain. (1) Bus permit revenue is received in the last quarter of the FY; reduces risk of deficit due to volatile fuel prices, insufficient appropriations, and midyear budget reductions. (2) Medicaid/Medicare reimbursements are received shortly before the close of the fiscal year. (3) instructional material liquidated damages are reimbursed near the close of the fiscal year; revenue is uncertain and contingent on loss and damaged textbooks.
	H63	Education	3010	Health Insurance Premiums		\$0	\$846,679	0.0%	
	H63	Education	3463	Proviso 90.13 FY 2008-09		\$14,178	\$0	#DIV/0!	
	H63	Education	31S2	Medicaid Assistance-ARRA	3901, 7221	\$559,817	\$120,784	463.5%	Unexpended balance of ARRA funds from prior year
	H63	Education	35S4	ARRA First steps Child Care	2805 7201	\$0	\$120,000	0.0%	
2	H63	Education	3634	Capital Reserve Fund	3801	\$25,554	\$8,580	297.8%	None unless directed by General Assembly.
	H63	Education	3764	Medicaid Assistance-Payments	3901, 7221	\$4,032,818	\$2,254,941	178.8%	Accumulation for partial distribution to school districts and off-set of employer contribution for Medicaid match to HHS.
3	H63	Education	3958	Sale of Assets	7853 7855	\$1,080,817	\$0	#DIV/0!	Revenue from the sale of assets are normally received near fiscal year - end. The bus shop uses spare parts at the beginning to midway through fiscal year.
	H63	Education	39H2	Increased Enforcement		\$1,254,681	\$12,307,319	10.2%	
4	H63	Education	4220	SC First Steps Other Funds	3801 6601 7201 7605	\$149,584	\$683,456	21.9%	SC First Steps uses appropriated state funds before spending public and private donations. Interest on funds continue to accumulate.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Elroy Whitaker
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
5	H63	Education	4287	SC First Steps General Fund Appropriations	4101 6601 7605	\$1,521,939	\$12,341,298	12.3%	SC First Steps is fortunate to have carry over funds. The amount plus interest in the prior year along with current year appropriations was sufficient to meet FY 07-08 obligations.
6	H63	Education	43B1	Education Lottery	3801 7221	\$5,708,451	\$48,718,996	11.7%	To meet legislative directives per proviso 2.2, 2.7.
7	H63	Education	44E9	First Step Lottery Match	6601 7221	\$1	\$0	#DIV/0!	None
8	H63	Education	47G5	EFA Reserve Fund	4101 7221	\$1,093,907	\$0	#DIV/0!	To meet legislative directives per proviso 1.71
9	H63	Education	4723	Children Education Endowment	6601 7221	\$0	\$2,816,915	0.0%	None
10	H63	Education	4973	Education Improvement Act	0204 1637 3801 4005 6601 7221	\$27,657,339	\$560,260,486	4.9%	Cash Flow

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: John Warner
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H64	3035	Operating Revenue	5001	Tuition and fees	Proviso 1.44	To pay for costs of summer program and for misc residence hall expenses	Summer Dance, Discovery and Academy Programs and Residential Programs	Proviso 1.43	Summer students pay a tuition of \$900 for Academy and Discovery programs, \$2,050 for Summer Dance. First time residential students pay a \$150 matriculation fee and a \$250 residence hall fee. Returning students pay only the matriculation fee. The Cirriculum Leadership Institute in the Arts (CLIA) program pays a hosting fee that covers the SCSGAH expenses for rooms and food for the CLIA participants.	\$398,008
2	H64	3035	Operating Revenue	7201	Miscellaneous Revenue	Proviso 1.44	To assist in payment of general operating expenses.	School Operations	Proviso 1.43	Nominal amount of misc collections.	\$17,075
3	H64	3035	Operating Revenue	7403	Facility Rentals	Proviso 1.44	To assist in payment of general operating expenses and facility repairs, maintenance.	School Operations	Proviso 1.43	Use of school facilities by outside groups.	\$6,884
4	H64	3035	Operating Revenue	7605	Donations	Proviso 1.44	To pay for costs of summer program related to students qualifying for financial aid.	School Operations	Proviso 1.43	Nominal amount of donations to the School that are not given directly to the Governor's School for the Arts Foundation.	\$391

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: John Warner
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H64	SC Gov School- Arts and Humanities	3035	Operating Revenue	5001 7201 7403 7605	\$508,793	\$521,000	97.7%	Nealry all of School's 3035 subfund revenues are derived from summer program tuition charges and fees for summer teachers programs such as The Curriculum Leadership Institute in the Arts (CLIA). Revenues for summer programs are usually collected prior to fiscal year end, but payment for expenses of these programs are generally disbursed July, August, and September. SCGSAH is projecting to use most of its cash balanace at fiscal year end to pay the expenses that are due in July, August and September.
2									

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Ernie Boyd
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Contact E-mail Address: Boyd@gssm.k12.sc.us

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2009-10 Actual Revenue
H55	GSSM	3035	Gov's School Receipts	5001	Tuition & Fees	Enabling legislation SECTION 59-48-20. Board of trustees and Board of Trustees of the Special School of Science and Mathematics... (A) The school is under the management and control of a board of trustees ... Proviso 1.47. (SDE: Governor's Schools' Fees) The SC GSAH and the SC Governor's School for Science and Mathematics are authorized to charge, collect, expend, and carry forward student fees as approved by their respective Board of Directors. The purpose and amount of any such fees will be to maintain program quality in both academics and residential support. No student will be denied admittance or participation due to financial inability to pay. The respective Board of Directors shall promulgate administrative policy governing the collection of all student fees.	To provide for Outreach Academic Programs plus offset some residential meal costs.	Summer Science Programs, Residential Meal support, Security deposits.	Proviso 1.7. (SDE: Governor's School for Science & Math)~ Any unexpended balance on June 30 of the prior fiscal year of funds appropriated to or generated by the Governor's School for Science and Mathematics may be carried forward and expended in the current fiscal year pursuant to the direction of the board of trustees of the school.	Tuition and/or fees paid by participating students' parents	\$339,425
H65	GSSM	3035	Restricted Grants	7506	Restricted Grants	Enabling legislation SECTION 59-48-20. Board of trustees and Board of Trustees of the Special School of Science and Mathematics...(A) The school is under the management and control of a board of trustees ...	Operate Statewide Academic Outreach Programs	Mentored Research, PASE I-95 corridor outreach, From Middle School to College, Econ/Finance	Proviso 1.7	Grants & Awards	\$479,357
H65	GSSM	3035	Insurance Claims	7702	Insurance Claims		Recover Losses	Water spill damage	Proviso 1.7	Insurance Reserve Fund	\$3,243

3 Proviso 1.47. (SDE: Governor's Schools' Fees) The SC GSAH and the SC Governor's School for Science and Mathematics are authorized to charge, collect, expend, and carr
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Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Governor's School for Science & Mathematics (GSSM) for 2010-2011

Name of Agency Contact: Ernie L. Boyd, Jr.

Contact's Phone Number: 843-383-3906

Contact's E-mail Address: boyd@gssm.k12.sc.us

Elect. A1 Feb. 3, 2012

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
H65	GSSM	3035	Gov School Receipts, Grants	5001, 7506, 7502	\$361,623	-\$875,691	-41.3%	Most funded programs occur during summer and split fiscal year. Payments/reimbursements split fiscal years. Major programs include Summer mentored research and camps extend through July 31 each year. Invoices trail. Payments and invoices also split FY, trailing several months. Fees go to offset Contractual Services meal plan, plus a refundable \$100 security deposit.

EDUCATIONAL TELEVISION

REVENUE OBJECT CODE

DETAIL of FEES

FY 2011-12

Sale of Services Revenue (3035)

Sale of Services: ETV has rates established for all of the activities that are involved in producing programming for clients. Productions may or may not include all of the items listed below but the rates for all aspects are listed for reference.

Pre Production - Staff

Executive Producer Director	39.00	HR
Producer / Director	24.00	HR
Producer / Writer	23.00	HR
Project / Production Manager	26.00	HR
Engineering Technical Manager	21.00	HR
Technical Director	19.00	HR
Videographer / Director	23.00	HR
Videographer	176.00	Day
Field Audio Technician	160.00	Day
Audio Video Technician	18.00	HR
Lighting Director	21.00	HR
Scenic Designer	19.00	HR
Production Coordinator	15.00	HR
Teleconference Designer / Facilitator	31.00	HR
Outreach Personnel	26.00	HR
Publicist	28.00	HR
Graphics Artist	22.00	HR
Web Designer	22.00	HR
Still Photographer	22.00	HR

Pre Production Facilities

Graphics Production		
Graphics Producer Station (does not include artist)	53.76	HR
Scene Shop for Construction	22.23	HR
Scenic Expendables (add 1 for every construction day)	24.00	Day

Field Production Facilities

DVCPRO Field Package *(incl: 2 Lav mic's)	121.76	Day
DVCPRO"P" Field Package *(incl: 2 Lav mic's)	138.40	Day
High Def. Field Package *(incl: 2 Lav mic's)	142.08	Day
DV Field Package *(incl: 2 Lav mic's)	56.62	Day
Mini DV Field Package *(incl: 2 Lav mic's)	41.40	Day

Field Production Staff

Executive Producer / Director	39.00	HR
Producer / Director	24.00	HR
Producer / Writer	23.00	HR

Director Videographer	23.00	HR
Videographer	176.00	Day
Field Audio Technician	160.00	Day
Grip	12.00	HR
Lighting Director	21.00	HR
Production Coordinator	15.00	HR
Scenic Designer	19.00	HR

Field Production OOP Costs

Field Production Expendables (mark one for every FP day)	17.76	Day
Tiffen Pro-mist Package	12.00	Day
Tiffen Ultra Low Contrast Package	12.00	Day
Tiffen Polarizer	7.00	Day
Doorway Dolly, Matthews	100.00	Day
Super Track Dolly	50.00	Day
STEADICAM IIIA W/operator	500.00	Day
27' Jimmy Jib W/operator	500.00	Day
Field Prompter	225.00	Day
HMI Lighting, JOKER 1200 Par	120.00	Day
HMI Lighting, JOKER 400 Par	90.00	Day
HMI Lighting, LTM 200 Par	90.00	Day
HMI Lighting, Frezzi 24 Portable	90.00	Day
HMI Lighting, LTM 1200 Fresnel	115.00	Day
HMI Lighting, LTM 575 Fresnel	90.00	Day
HMI Lighting, LTM 200 Sun Gun	90.00	Day
Honda EX5500 Generator	75.00	Day
Field Microphone, Senn.416A	3.28	Day
Field Mixer, Shure FP32	3.00	Day
W-less Mic (each)	6.32	Day
W-less Headset system	1.00	Day

Remote Production Facilities

DM-I - Remote Production (3 cam/4 machine)	1,794.30	Day
DM-I - Remote Production (4 cam/4 machine)	1,853.90	Day
DM-I - Remote Production (5 cam/4 machine)	1,913.50	Day
DM-I - Remote Production (6 cam/4 machine)	1,973.20	Day
Panasonic DVC Pro Player AJ D940	2.93	HR
Panasonic DVC Pro Recorder AJ D950	4.12	HR

Remote Staff

Engineering Technical Manager	21.00	HR
Video Tec	18.00	HR
Audio Tec	18.00	HR
Record Tec	17.00	HR
Camera Operator	22.00	HR
Maintenance Tec	22.00	HR
Executive Producer Director	39.00	HR

Producer	25.00	HR
Producer / Director	24.00	HR
Director	23.00	HR
Project / Production Manager	26.00	HR
Production Coordinator	15.00	HR
Technical Director	19.00	HR
Floor Manager	20.00	HR
Lighting Director	21.00	HR
Scenic Designer	19.00	HR
Grip	12.00	HR

Remote OUT OF POCKET Costs

Field Production Expendables (mark one for every FP day)	17.76	Day
Audio Expendables (mark one for every FP day)	13.36	Day
Doorway Dolly, Matthews	100.00	Day
Super Track Dolly	50.00	Day
Field Prompter, computer #1	225.00	Day
Portable Microwave	5.55	Day

Studio A Production Facilities

STU-A - 1 Cam Studio Production	250.93	HR
STU-A - 3 Cam Studio Production	300.59	HR
STU-A - 4 Cam Studio Production	325.42	HR
STU-A - 5 Cam Studio Production	350.25	HR
STU-A - 6 Cam Studio Production	375.08	HR
STU-A - Control Rm Block W/ Record Bay	173.74	HR
STU-A - Control Rm Block W/out Record	90.27	HR
STU-A/DL1 - 3 Cam Studio Production	265.33	HR
STU-A/DL1 - 4 Cam Studio Production	290.16	HR
STU-A - Setup/Lighting (SPACE ONLY)	80.05	HR
STU-A - STRIKE (SPACE ONLY)	80.05	HR
STU-A - Space only (event)	47.54	HR
STU-A - Green Room (Space only OR second for prod.)	4.82	HR

Studio B Production Facilities

STU-B - 1 Cam Studio Production	315.96	HR
STU-B - 3 Cam Studio Production	365.62	HR
STU-B - 4 Cam Studio Production	390.45	HR
STU-B - 5 Cam Studio Production	415.28	HR
STU-B - 6 Cam Studio Production	440.11	HR
STU-B - Control Rm Block W/ Record Bay	173.74	HR
STU-B - Control Rm Block W/out Record	117.67	HR
STU-B/DL1 - 3 Cam Studio Production	265.33	HR
STU-B/DL1 - 4 Cam Studio Production	290.16	HR
STU-B - Set-up / Lighting (SPACE ONLY)	80.05	HR
STU-B - STRIKE (SPACE ONLY)	80.05	HR
STU-B - Space only (event)	112.57	HR

STU-B - Green Room (Space only OR second for prod.)	4.82	HR
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Distance Learning Studio Facilities

DL1 - Production Set-up / Lighting (SPACE ONLY)	47.01	HR
DL2 - Live or Tape (DVCPRO)	66.71	HR
DL2 - Taping or LIVE W/Record Bay	117.78	HR
DL2 - Set-up/Strike (Studio Space ONLY)	5.00	HR
DL5 - DL5 Quick Response Studio	22.17	HR

Production Studio Personnel

Executive Producer / Director	39.00	HR
Producer / Director	24.00	HR
Director	23.00	HR
Producer	25.00	HR
Producer / Writer	23.00	HR
Teleconference Design Coordinator	31.00	HR
Technical Director	19.00	HR
Production Coordinator	15.00	HR
Graphic Artist	22.00	HR
Teleprompter Operator	10.00	HR
Audio Video Tec* (*Live Shows & 4+ cams Demand Two)	18.00	HR
Record Tec	17.00	HR
Lighting Director	21.00	HR
Scenic Designer	19.00	HR
Camera Operator	17.00	HR
Floor Manager	20.00	HR
Grip	15.00	HR
Still Photographer	22.00	HR
Engineering Technical Manager	21.00	HR
Maintenance Tech	22.00	HR

Studio OUT OF POCKET Costs

Studio Expendables (mark one for every studio block)	20.00	Day
Audio Expendables (mark one for every studio block)	13.36	Day
Basic Audio Package	32.00	Day
Stock Set (Usage per show)	150.00	Unit
Audiobridge - Digital (per Line)	4.00	HR
1.800 # (per port) (minimum booking 15 min)	20.70	HR

Post Production Facilities

Audio Post	25.89	HR
CUT-E - DVCPRO Cuts (E)	9.00	HR
NLE - AVID DV non-linear editing	20.00	HR
NLE - AVID SD non-linear editing	33.94	HR
VIEW 1 - DVCPRO View (1 & 3)- (w/TEP)	6.90	HR
VIEW 2 - DVCPRO View (w/VAX)	5.53	HR

Record Bay for Conversion Dubs	56.67	HR
Record Bay for Dubs	21.95	HR
Record Bay for Closed Caption Encoding	30	HR
Graphics Producer Station	53.76	HR

Post Production Staff

Exec. Producer / Director	39.00	HR
Producer / Writer	23.00	HR
Producer / Director	24.00	HR
Director	23.00	HR
Producer	25.00	HR
Editor	20.00	HR
Graphic Artist	22.00	HR
Record Tec	17.00	HR
Production Coordinator	15.00	HR
Audio Tec	18.00	HR

Teleconference / Meeting / Event Facilities

DL5 - Computer / Videoconferencing Training Lab	350.00	Day 1/2
DL5 - Computer / Videoconferencing Training Lab	200.00	Day
DL5 - Meeting Space	300.00	Day
Bank of America (Nations Bank)	300.00	Day 1/2
Bank of America (Nations Bank)	250.00	Day
CE-Large Conference Room	200.00	Day
CE-Small Conference Room	0.00	HR
PMSC Videoconference	150.00	HR
PMSC	75.00	HR
TCC Lobby	200.00	Day

Teleconference/Meeting/Event

Videoconference Line charge	42.00	HR
Downlink Passthru	55.00	HR
Event Set-up or Technical Assistance (Non Standard)	50.00	Event
Catering Clean-up	25.00	Event

Teleconference/Meeting/Event Staff

DL5 or PMSC Room Operator	25.00	HR
Teleconference Design Coordinator	31.00	HR
Audio Video Tec	18.00	HR
Engineering Technical Manager	21.00	HR
Project / Production Manager	26.00	HR
Event Coordinator	22.00	HR
Scenic Designer	19.00	HR

Travel

In State Meal - Breakfast	6.00	Unit
In State Meal - Lunch	7.00	Unit
In State Meal - Dinner	12.00	Unit
In State Meals - Full Day	25.00	Unit
Out of State Meal - Breakfast	7.00	Unit
Out of State Meal - Lunch	9.00	Unit
Out of State Meal - Dinner	16.00	Unit
Out of State Meals - Full Day	32.00	Unit
State Car	19.44	Day
State Van	19.44	Day
Field Production Van	33.36	Day
Scenic Van	27.44	Day
State Vehicle Mileage (if applicable)	0.33	Mile
Personal Vehicle Mileage (if applicable)	0.33	Mile

Tape Stock

DAT 30 min	5.27	Each
DAT 60 min	6.49	Each
DAT 90 min	6.92	Each
DAT 120 min	8.83	Each
DVCAM PDVM 32N	18.29	Each
DVCAM PDVM 64N	25.30	Each
DVCPRO 33M	10.92	Each
DVCPRO 46M	11.59	Each
DVCPRO 66M	19.11	Each
DVCPRO 92 L	70.00	Each
DVCPRO 126 L	39.00	Each
DVCPRO HD	155.00	Each
S-VHS 30 min.	7.36	Each
S-VHS 60 min.	7.96	Each
S-VHS 120 min.	8.38	Each
VHS 30 min.	2.47	Each
VHS 60 min.	2.76	Each
VHS 120 min.	2.91	Each
Black Track (Per Tape)	5.00	Each

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brad Livingston
Contact Phone Number: 737-3223
Contact E-mail Address: bliving@scetv.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H67	ETV	3035	Operating Revenue	7403	Rent - State Owned Property	59-7-50	Revenue from rent of ETV facilities and property.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated through the sale of parking spaces for USC football and other events (concerts, HS football) held at Williams Brice Stadium. Funds are derived from individuals. ETV charged \$250/space for the 2010 football season.	\$177,268
H67	ETV	3035	Operating Revenue	7404	Royalties	59-7-50	Revenue from the sale and/or use of ETV programs.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Royalties are earned when ETV produced programs are purchased and/or used in a broadcast by a third party. The majority of the royalties are derived from the airing of ETV productions by PBS.	\$87,149
H67	ETV	3035	Operating Revenue	7407	Rent - Equipment	59-7-50	Revenue from the rent of ETV equipment.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated from equipment placed on ETV owned towers. Cellular companies and some state agencies (SLED, DNR, B&C Board) rent space on ETV towers to place antennas or other transmission equipment.	\$233,269
H67	ETV	3035	Operating Revenue	7408	Rent - Satellite Time	59-7-50	Revenue from the sale of ETV digital satellite time.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated from sale of satellite time. ETV provides satellite uplinks to other news agencies (Fox, MSNBC, CNN, CSPAN, etc.), state agencies and NOAA. Uplink facilities fee is \$350. Switching fee is \$175. Transponder costs vary depending on satellite availability and length of uplink.	\$85,543
H67	ETV	3035	Operating Revenue	7409	Rent - Studios & Rooms	59-7-50	Revenue from the rent and/or use of ETV facilities.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated from rental of ETV studios and facilities.	\$50,950

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brad Livingston
Contact Phone Number: 737-3223
Contact E-mail Address: bliving@scetv.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
6	H67	ETV	3035	Operating Revenue	7604	General Contributions & Donations	59-7-50	Contributions from general public and underwriting from ETV Endowment.	Radio and Television productions and programming.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated from public donations and underwriting through the ETV Endowment.	\$3,855,016
7	H67	ETV	3035	Operating Revenue	7803	Sale of Services	59-7-50	Revenue from sale of ETV services such as productions, teleconferences and videoconferences.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Fees vary depending on the types of services needed. Pre Production staff fees vary from \$15 per hour to \$176 per day. Pre Production facility fees vary from \$22.23 to \$53.76 per hour. Field Production facility fees vary from \$41.60 to \$142.08 per day. Field Production staff fees vary from \$12 per hour to \$176 per day. Field Production other operating fees vary from \$7 to \$500 per day. Remote Production facility fees average \$1,900 per day. Remote Staff fees vary from \$12 to \$39 per hour. Studio Production facility fees vary from \$5 to \$415 per hour. Production studio staff time fees vary from \$10 to \$39 per hour. Post Production facility fees vary from \$6 to \$34 per hour. Post Production staff fees vary from \$15 to \$39 per hour. Teleconference / Meeting / Event facility fees vary from \$75 an hour to \$250 per half day. Further detail submitted separately.	\$941,535
8	H67	ETV	3035	Operating Revenue	7822	Sale of Leased Line Time	59-7-50	Revenue from lease of telephone lines for audiobridge calls.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue generated from audiobridge conference calls. Clients include state agencies, PBS, NY Education Department and other companies. Current rate is .12 / minute.	\$22,918
9	H67	ETV	3035	Operating Revenue	7854	Sale of Machinery & Equipment (Capital)	59-7-50	Revenue from School Districts to implement internet streaming (IP) Systems.	Educational Technology Services provided to K12 Schools.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue was generated from school districts who are implementing an internet streaming system for delivery of educational content to the classroom. Systems are developed by ETV staff and installed at the district level.	\$1,101,820
10	H67	ETV	3035	Operating Revenue	7865	Internet Credit Card Sales	59-7-50	Revenue from the sale of ETV products available in on-line marketing system.	Operational Expenses of the agency, including salary & benefits, utilities, telephones, insurance, rent, travel, maintenance, etc.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue generated from the sale of ETV programs and products (DVD's, Video Tapes, other merchandise) in the ETV on-line store. Purchases are made by individuals.	\$103,295

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Brad Livingston
Contact Phone Number: 737-3223
Contact E-mail Address: bliving@scetv.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H67	ETV	3519	Public Broadcasting Grant	7506	Other Operating Grants - Restricted	59-7-50	To record grant revenue from Corp. for Public Broadcasting.	Primarily used for the purchase of PBS & NPR programming. CSG funds also used for some operational costs.	Proviso 19.1 of FY 2011-12 Appropriation Act	Community Service Grants provided by the Corporation for Public Broadcasting. Grants are provided for public television and public radio.	\$3,109,485
H67	ETV	3521	Grants Non - Federal	7506	Other Operating Grants - Restricted	59-7-50	Grants provided by non federal sources for ETV programs & initiatives.	Funds are used for local programming production expenses and ETV initiatives such as the Teacherline program.	Proviso 19.1 of FY 2011-12 Appropriation Act	Grants from various non-federal sources including but not limited to PBS production grants and CPB capital grants for purchase of new equipment.	\$197,996
H67	ETV	3521	Grants Non - Federal	7803	Other Operating Grants - Restricted	59-7-50	Grants provided by non federal sources for higher education programs & initiatives.	Education Division content for the Commission on Higher Education.	Proviso 19.1 of FY 2011-12 Appropriation Act	Funds from Commission on Higher Education for video production services on College Access program. Funds from the Dept. of Education for the extension of the internet video streaming contract.	\$789,173
H67	ETV	3958	Sale of Assets	7820	Sale of Surplus Materials	59-7-50	To record revenue from the sale of surplus property.	Engineering and Administration	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated through sales of surplus property. Property is sold by the Budget & Control Board and the proceeds are transferred to ETV (less a processing fee).	\$34,301
H67	ETV	3958	Sale of Assets	7853	Sale of Motor Vehicles	59-7-50	To record revenue from the sale of surplus property.	Administration	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated through sales of surplus property. Property is sold by the Budget & Control Board and the proceeds are transferred to ETV (less a processing fee).	\$810
H67	ETV	3958	Sale of Assets	7861	Sale of TV Radio Equipment	59-7-50	To record revenue from the sale of surplus property. Proceeds from the sale of TV & Radio equipment.	Engineering and Radio.	Proviso 19.1 of FY 2011-12 Appropriation Act	Revenue is generated through sales of surplus property. Property is sold by the Budget & Control Board and the proceeds are transferred to ETV (less a processing fee).	\$22,593

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brad Livingston
Contact's Phone Number: 737-3223
Contact's E-mail Address: bliving@scetv.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H67	ETV	3035	Operating Revenue	5743 7211 7403 7404 7407 7408 7409 7413 7604 7702 7802 7803 7812 7820 7822 7853 7854 7859 7861 7865	\$503,952	\$7,508,288	6.7%	Operating revenue funds are used for the operational expenses of the agency, including salaries and benefits, utilities, telephones, insurance, rent, travel, maintenance, etc. Operating revenue is generally higher the second half of the year and it is necessary to carry sufficient balances forward each fiscal year to cover operational costs. Operating revenue funds are also used for unforeseen budget items, such as major equipment repairs.
2	H67	ETV	3519	Public Broadcasting Grant	7506	\$3,109,485	\$3,415,891	91.0%	The CPB grant period is two years, October 1 - September 30. Grant funds received in October are not expended until the following July. The year end balance reported represents the entire grant for the period which began on October 1, 2010. Grant funds are used to purchase programming. Programming invoices totalling in excess of \$2 million are due in July.
3	H67	ETV	3521	Grants Non-Federal	7407 7506 7803	\$1,141,813	\$608,719	187.6%	This fund consists of numerous grants provided for specific ETV programs and / or initiatives. Grants are provided with the understanding that those funds be expended only for those specific purposes. Grants are from various sources and have fiscal years that differ from the State. \$1,000,000 of the year end cash balance will be expended during SFY 2011-12 to extend the video streaming contract with Discovery. This contract provides on-line video content to K-12 schools state wide.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Brad Livingston
Contact's Phone Number: 737-3223
Contact's E-mail Address: bliving@scetv.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
4	H67	ETV	3634	Capital Reserve Operating Approp	7221	\$25,661	\$0	0.0%	Funds are the result of a transfer from the K-12 School Technology Initiative at the Department of Education. These funds are appropriated to SDE, then allocations are made to several state entities. The allocation process can take several months and creates a significant time lag from July 1 until funding is in place. These funds were for the continuation of the statewide streaming project for another three years. The contract for the streaming services was awarded for \$1.3 million in the latter part of SFY 2008-09 and the payment for the services was made in SFY 2009-10. The remaining balance of \$25,661 will be used along with future allocations from SDE to extend streaming services another two years.
5	H67	ETV	3958	Sale of Assets	7820 7853 7859 7861	\$154,313	\$35,277	437.4%	Funds must by regulation be expended for the purchase of like items. Most of the funds in this account are from the sale of vehicles and television equipment. The funds accumulate until there is enough to purchase needed equipment and / or a new vehicle.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Melissa Thurstin
Contact Phone Number: 896-6486
Contact E-mail Address: thurstinm@wlgos.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H71	WLGOS	3037	Earmarked	7201	Misc Revenue		This revenue is for reimbursement of expenditures. There is no carry forward; all remaining monies are returned.	Academics		Teacher supply monies provided by Dept. of Education	\$9,446
H71	WLGOS	3037	Earmarked	7401	Rent-Residence	89.67. (GP: Facility Rental Fee)	Maintain residential housing and allow for repairs	Support Services	89.67. (GP: Facility Rental Fee)	Staff housing rent charge	\$6,859
H71	WLGOS	3037	Earmarked	7403	Rent-State Owned Property	89.67. (GP: Facility Rental Fee)	Rent for extra space to other state agencies in an effort to fund our operations	Support Services	89.67. (GP: Facility Rental Fee)	Rent of State owned property	\$206,014
H71	WLGOS	3037	Earmarked	7805	Sale of Meals	3.8. (WLG: By-Products Revenue Carry Forward	Revenue is used for reimbursement of expenditures.	Support Services	3.8. (WLG: By-Products Revenue Carry Forward	Staff and visitor meals	\$5,004
H71	WLGOS	3037	Earmarked	7820	Sale of Surplus	80A.55. (BCB: Sale of Surplus Real Property)	Replacement of equipment	Support Services	80A.55. (BCB: Sale of Surplus Real Property)	Misc. surplus sold	\$10,175
H71	WLGOS	3521	Grants-Non-Federal	2805	Fed Grant Subcontract		These "revenue" streams are really reimbursement of expenditures. The only carryforward is deferred salaries	Academics/JROTC	3.3. (WLG: Deferred Salaries Carry Forward)	JROTC federal match	\$116,461
H71	WLGOS	3764	Grants-Federal Operating	2822	Fed Grant Subcontract	3.8 (WLG- By-Products Revenue Carry Forward	Medicaid reimbursement claims used to offset student medical expenses	Academics/Medical	3.3. (WLG: Deferred Salaries Carry Forward)	Medicaid reimbursement	\$19,612
H71	WLGOS	39H2	Increased Enforcement	7274	Nonrecurring Operaing Transfer	90.16 (Increased Enforced Collections)			90.15 (Increased Enforced Collections Carry Forward)		\$308,764
H71	WLGOS	4973	Education Improvement Act	4005	Allocations Education Improvement Act		Education Improvement Act - Teacher Pay	Academics			\$611,294

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Melissa Thurstin
Contact's Phone Number: 896-6486
Contact's E-mail Address: thurstinm@wlgos.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H71	WLGOS	3037	Earmarked Fund/ Special Deposits	7201, 7702, 7401, 7403, 7702,7805, 7820	\$556,422	\$59,897	929.0%	Our contracts under this subfund are on a reimbursement basis. We bill the other party after each cycle. Due to the lag time between the end of the cycle and payment being received, we are 6 months into the year. Therefore, we must carry a cash balance equal to 1/2 year. Additionally, a portion of this money is from our endowment to cover these upfront costs.
2	H71	WLGOS	31S2	Medicaid Assistance-ARRA	2822, 3901	\$3,595	\$0	#DIV/0!	This fund is the Federal ARRA portion of the Medicaid reimbursement. Medicaid insurance proceeds which may only be used for designated purposes.
3	H71	WLGOS	34E4	Increased Enforcement		\$0	\$31,617	0.0%	The school was awarded Maybank Money several years ago to help us pay for essential services that are unfunded otherwise. We use the money as needed.
4	H71	WLGOS	3521	Grants-Non-Federal	2805, 7201, 7221	\$78,419	\$159,086	49.3%	Our contracts under this subfund are on a reimbursement basis. We bill the other party after each cycle. Due to the lag time between the end of the cycle and payment being received, we are 6 months into the year. Therefore, we must carry a cash balance equal to 1/2 year. Additionally, a portion of this money is from our endowment to cover these upfront costs.
5	H71	WLGOS	3764	Medicaid Asst Payments	2822	\$30,649	\$0	#DIV/0!	Per the request of the Comptroller General's Office, we began using this fund for Medicaid in 2009-10. Medicaid insurance proceeds which may only be used for designated purposes.

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3317	Basic Support Match	3902	Other Reimbursements - State Agencies	34 CFR 361.63 (c)	Third party Cooperative Agreements for match.	Basic Support Program	34 CFR 361.63 (c)	DJJ, SCDC and DMH reimburse SCVRD for a portion of actual costs in providing VR services to their clients .	\$224,283
H73	SCVRD	3330	DDS Agreements	3902	Other Reimbursements - State Agencies	20 CFR: Parts 404.1502 - 404.1963 & 416.901 - 416.1094, 21 CFR: Parts 404.1502 - 404.1693 and 416.901 - 416.1094 & 42 CFR Part 435.541	Reimbursement of costs of SCVRD Disability Determination Services division to process disability determinations for the SC Retirement Systems and the Medicaid program for SCHHS per contract.	Disability Determination Services	20 CFR: Parts 404.1502 - 404.1963 & 416.901 - 416.1094, 21 CFR: Parts 404.1502 - 404.1693 and 416.901 - 416.1094 & 42 CFR Part 435.541	SCRS advances funds to SCVRD DDS for actual allowable costs of providing disability determination services for SCRS per contractual agreement. Must be on an advance rather than reimbursement basis because of SSA policies, POMS DI 39563.210. SCHHS advances funds to SCVRD DDS for actual allowable cost of providing determination services for SCHHS Medicaid clients per contractual agreement. Must be on an advance rather than reimbursement basis because of SSA policies, POMS 39563.210.	\$2,416,123
H73	SCVRD	3364	Richland Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Richland Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$483,689
H73	SCVRD	3424	Laurens Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Laurens Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$1,415

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3424	Laurens Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Laurens Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$674,543
H73	SCVRD	3427	Florence Work Training Center	7221	Misc Transfer-Other Fund	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Florence Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	This is not a generation of revenue, but a transfer of cash between training centers to manage cash flow.	\$145,086
H73	SCVRD	3427	Florence Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Florence Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$359,375

Revenue Object Codes

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H73	SCVRD	3428	Conway Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Conway Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$5,246
H73	SCVRD	3428	Conway Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Conway Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$2,955
H73	SCVRD	3428	Conway Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Conway Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$536,003

Revenue Object Codes

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11 H73	SCVRD	3429	Walterboro Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Walterboro Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$21
12 H73	SCVRD	3429	Walterboro Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Walterboro Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$946,492
13 H73	SCVRD	3430	Aiken Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Aiken Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$1,659,607

Revenue Object Codes

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H73	SCVRD	3431	Anderson Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Anderson Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$454,039
H73	SCVRD	3432	Orangeburg Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Orangeburg Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$3,978
H73	SCVRD	3432	Orangeburg Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Orangeburg Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$720

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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H73	SCVRD	3432	Orangeburg Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Orangeburg Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$643,941
H73	SCVRD	3433	Lexington Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Lexington Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$2,313,119
H73	SCVRD	3434	Greenville Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Greenville Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$202

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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H73	SCVRD	3434	Greenville Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Greenville Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$843,233
H73	SCVRD	3435	Greenwood Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Greenwood Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$3,558
H73	SCVRD	3435	Greenwood Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Greenwood Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$685,434

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
23	H73	SCVRD	3436	Sumter Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c) Revenue generated by production contracts in the Sumter Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$1,382
24	H73	SCVRD	3436	Sumter Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c) Revenue generated by production contracts in the Sumter Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$118
25	H73	SCVRD	3436	Sumter Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c) Revenue generated by production contracts in the Sumter Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$2,009,529

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name Vicki Bowles
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3437	Charleston Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Charleston Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$1,225
H73	SCVRD	3437	Charleston Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Charleston Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$519,839
H73	SCVRD	3438	Spartanburg Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Spartanburg Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$212

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3438	Spartanburg Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Spartanburg Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$521,372
H73	SCVRD	3439	Rock Hill Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Rock Hill Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$580,572
H73	SCVRD	3450	Lancaster Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Lancaster Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$434,168

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3451	Beaufort Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Beaufort Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$445,086
H73	SCVRD	3452	Oconee-Pickens Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Oconee-Pickens Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$596,714
H73	SCVRD	3453	Camden Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Camden Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$296,820

Revenue Object Codes

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H73	SCVRD	3550	Kingstree Working Training Center	7221	Misc Transfer-Other Fund	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Kingstree Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	This is not a generation of revenue, but a transfer of cash between training centers to manage cash flow.	\$125,755
H73	SCVRD	3550	Kingstree Working Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Kingstree Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$104,137
H73	SCVRD	3613	Gaffney Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Gaffney Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$21,216

Revenue Object Codes

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H73	SCVRD	3613	Gaffney Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Gaffney Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$1,105,128
H73	SCVRD	3701	Hartsville Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Hartsville Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$2,723
H73	SCVRD	3701	Hartsville Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Hartsville Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$675

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3701	Hartsville Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Hartsville Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$1,280,098
H73	SCVRD	3767	Marlboro Work Training Center	7221	Misc Transfer-Other Fund	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Marlboro Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	This is not a generation of revenue, but a transfer of cash between training centers to manage cash flow.	\$581,394
H73	SCVRD	3767	Marlboro Work Training Center	7802	Sale of Goods	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Marlboro Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	This is not a generation of revenue, but a transfer of cash between training centers to manage cash flow.	\$7,040

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H73	SCVRD	3767	Marlboro Work Training Center	7803	Sale of Services	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Marlboro Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	(\$2,561)
H73	SCVRD	3767	Marlboro Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Marlboro Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$891,435
H73	SCVRD	3872	Social Security Reimbursement	7803	Sale of Services	34 CFR 361.63 (b)	Program income to Basic Support program for payments from SSA for assisting Social Security beneficiaries and recipients to achieve employment outcomes.	Basic Support Program		VR employees provide assessment, counseling, job readiness training, guidance and placement services to enable eligible South Carolinians to prepare for, achieve and maintain competitive employment. SSA reimburses the cost of providing these services for rehabilitation of Social Security recipients.	\$447,778

Revenue Object Codes

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H73	SCVRD	3904	Greer Work Training Center	7861	Sale of Other Non-Capital (Upon going live in SCEIS, this account is now used to record sales of inventory, including sale of goods and sale of services.)	Proviso 20.1 and 34 CFR 361.63 (c)	Revenue generated by production contracts in the Greer Work Training Center providing clients the opportunity to learn work skills. Offset by client wages and other production costs.	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center provides a training environment where clients can attain the work skills necessary to seek and maintain competitive employment. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges.This revenue stream complements state appropriations to enable the agency to provide clients with these valuable skills and services.	\$595,127
H73	SCVRD	3914	Cooperative Agreements - Non-State	7506	Other Operating Grants - Restricted	Workforce Investment Act of 1998	Cooperative agreements with Upper Savannah and Appalachian Council of Governments to provide directed services for clients under the Workforce Investment Act	Miscellaneous Grants	Workforce Investment Act of 1998	This Cooperative agreement is no longer active.	\$85,303
H73	SCVRD	3980	Cooperative Agreements - Inter-Agency	7221	Misc Transfer-Other Fund	Proviso 20.1 and 34 CFR 361.63 (c)	Job Readiness Training Coordinators	Work Training Centers	Proviso 20.1 34 CFR 361.64	Each Work Training Center reimburses its share of contract specific compensation necessary for providing job readiness training services to clients.	\$4,824,504

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Vicki Bowles
Contact's Phone Number: 896-6517
Contact's E-mail Address: vbowles@scvrd.state.sc.us

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1 H73	SC Vocational Rehabilitation Department	3035	Operating Revenue	7211 7902	\$220		#DIV/0!	Clearing of COBRA premiums
2 H73	SC Vocational Rehabilitation Department	3317	Basic Support Match	3801 3902 7201 7221 7604	\$228,155	\$533,412	42.8%	Cash balance represents cooperative agreements with SCDMH, SCDJJ, and SCDC for delivery of services. Timing of expenditures for service delivery often crosses over fiscal years.
3 H73	SC Vocational Rehabilitation Department	3330	DDS Agreements	3801 3902	\$801,682	\$3,075,244	26.1%	Represents an agreement between SCVRD Disability Determination Services division and SC Health and Human Services to provide disability determination services for HHS clients. Also represents another agreement between SCVRD Disability Determination Services division and SC Retirement System to provide disability determination services for SCRS clients. Social Security Administration funds the Disability Determination Services Unit. According to SSA policies in POMS DI 39563.210, sufficient non-SSA working capital is required for non-SSA Program work. The cash balance represents working capital as provided by SCHHS and SCRS to satisfy SSA requirements.
4 H73	SC Vocational Rehabilitation Department	3347	Basic Support Grant Program Income	3801 4525 4822 7201 7853 7854 7861	\$50,616	\$136,376	37.1%	Cumulative balance of program income earned by the Basic Services program. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan."
5 H73	SC Vocational Rehabilitation Department	3364	Richland Work Training Center	3801 7201 7221 7861	\$92,835	\$412,034	22.5%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

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Contact's Phone Number: 896-6517
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6	H73	3424	Laurens Work Training Center	7201 7221 7802 7861	\$238,189	\$540,967	44.0%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
7	H73	3426	Residential Center Revenue	4516 7805	\$6,705	\$13,273	50.5%	Meals purchased by Residential Center clients offset by cost of meals. See also Proviso 20.5 in the 2010-2011 SC Appropriations Act.
8	H73	3427	Florence Work Training Center	7201 7221 7802 7861	\$180,684	\$371,526	48.6%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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9	H73	3428	Conway Work Training Center	0202 7201 7221 7802 7803 7861 7902	\$239,713	\$462,889	51.8%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
10	H73	3429	Walterboro Work Training Center	7221 7802 7861	\$156,329	\$771,015	20.3%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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11	H73	3430	Aiken Work Training Center	7201 7221 7854 7861	\$280,805	\$1,478,983	19.0%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
12	H73	3431	Anderson Work Training Center	7201 7221 7861	\$220,230	\$357,508	61.6%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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13	H73	3432	Orangeburg Work Training Center	7221 7802 7803 7861	\$30,026	\$656,080	4.6%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
14	H73	3433	Lexington Work Training Center	7201 7221 7861	\$442,275	\$1,867,391	23.7%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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15 H73	SC Vocational Rehabilitation Department	3434	Greenville Work Training Center	7201 7221 7803 7854 7861	\$90,711	\$823,435	11.0%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
16 H73	SC Vocational Rehabilitation Department	3435	Greenwood Work Training Center	7201 7221 7802 7803 7861	\$460,284	\$507,918	90.6%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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17	H73	3436	Sumter Work Training Center	7201 7221 7802 7803 7861 7902	\$178,916	\$2,075,310	8.6%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
18	H73	3437	Charleston Work Training Center	7201 7221 7802 7854 7861 7902	\$111,729	\$619,105	18.0%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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19 H73	SC Vocational Rehabilitation Department	3438	Spartanburg Work Training Center	3801 7201 7221 7802 7803 7861	\$86,528	\$426,006	20.3%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
20 H73	SC Vocational Rehabilitation Department	3439	Rock Hill Work Training Center	7201 7221 7861	\$319,839	\$393,366	81.3%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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21	H73	3450	Lancaster Work Training Center	7201 7221 7861	\$38,863	\$382,875	10.2%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
22	H73	3451	Beaufort Work Training Center	7201 7221 7861 7902	\$53,265	\$452,314	11.8%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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23	H73	3452	Oconee-Pickens Work Training Center	7201 7221 7802 7861	\$309,791	\$563,239	55.0%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
24	H73	3453	Camden Work Training Center	7201 7221 7861 7902	\$399,878	\$267,062	149.7%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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25	H73	3550	Kingstree Work Training Center	7201 7221 7803 7861	\$38,007	\$225,450	16.9%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
26	H73	3613	Gaffney Work Training Center	7201 7221 7802 7803 7861 7902	\$427,364	\$853,050	50.1%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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27	H73	3701	Hartsville Work Training Center	3801 7201 7221 7802 7803 7861	\$489,218	\$984,164	49.7%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
28	H73	3767	Marlboro Work Training Center	7201 7221 7802 7803 7861	\$558,846	\$999,170	55.9%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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29	H73	3872	Social Security Reimbursement	7803 7822 7853	\$302,160	\$1,117,574	27.0%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.
30	H73	3877	Berkeley-Dorchester Work Training Center	7201 7221 7802 7861	\$84,437	\$82,682	102.1%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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31 H73	SC Vocational Rehabilitation Department	3904	Greer Work Training Center	7221 7861	\$383,281	\$427,832	89.6%	Cumulative balance of program income earned by the Basic Services program within SCVRD Work Training Centers. According to federal regulations, 34 CFR 361.63 (c), "program income, whenever earned, must be used for the provision of vocational rehabilitation services and the administration of the State Plan" See also proviso 20.1 in the 2010-2011 SC State Appropriations Act. Through public-private partnerships with industry and government, Training Centers are able to provide clients hands-on experience with specific projects assembling goods for completion or adding value to manufactured products. Revenue is used to help offset operating costs of the Center, including client stipends, material costs and other direct charges. Current cash balance represents an accumulation of over 20 years net operating activity within the Work Training Center. The balance is expected to fund capital improvement, maintenance and repairs of the training facility, as well as major equipment needed for center operations.

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Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Vicki Bowles
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Contact's E-mail Address: vbowles@scvrd.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
32	H73	SC Vocational Rehabilitation Department	3914	Cooperative Agreements - Non-State	7221 7506	\$23,646	\$81,374	29.1%	This Cooperative Agreement is no longer active.
33	H73	SC Vocational Rehabilitation Department	3980	Cooperative Agreements - Inter-Agency	7221	\$3,058,032	\$2,417,846	126.5%	Consists of transfers from Work Training Centers program income to clear compensation of contract specific positions related to training center production.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jon Castro
Contact Phone Number: (864) 577-7544
Contact E-mail Address:

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported	Carry Forward Authority (Statute)	Detail of How Revenue is Generated	FY 2010-11 Actual Revenue
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Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Jon Castro
Contact's Phone Number: (864) 577-7544
Contact's E-mail Address: jcastro@scsdb.org

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursement	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal
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H75	SCSDB	3035	Operating Revenue	4001 4827 4850 5001 6605 7201 7409 7605 7702 7802 7803 7805 7810	\$886,684	\$4,249,711	20.9%	4.10. (SDB: Deferred Salaries Carry Forward) South Carolina School for the Deaf and the Blind is authorized to carry forward in the current fiscal year the amount of the deferred salaries and employer contributions earned in the prior fiscal year but paid for in the current fiscal year. This is because Teacher Contracts run from August to August and cross fiscal years.
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H75	SCSDB	3037	Special Deposits	3901 3902 4001 4005 7201 7221 7505 7506 7803	\$40,694	\$4,805,039	0.8%	4.9.(SDB: By Products Revenue Carry Forward) The School for the Deaf and the Blind is authorized to sell services that are by products of the school's programs and operations, charge user fees and fees for services to the general public. The professional staff that generates these fees are paid twice monthly but the customers are billed monthly. The agency needs a cash cushion to make payroll on a regular basis because the majority of receivables will be between 30 and 60 days.
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3	H75	SCSDB	3125	Patient Fees	7604 7201 7605	\$3,660	\$0	#DIV/0!	4.1. (SDB: Student Activity Fee) The School for the Deaf and the Blind is authorized to charge to the parents of students at the school a student activity fee, differentiated according to the income of the family.
4	H75	SCSDB	31S2	Medicaid Assistance - ARRA		\$204	\$0	#DIV/0!	If ARRA funds for Medicaid were ever again available, some carryover could be needed because of the long lead time between the time when Medicaid services are performed and the time when the agency is reimbursed for those services. A funds cushion maybe needed to pay the services providers during the time the agency is waiting for reimbursement.
5	H75	SCSDB	3764	Medicaid	3802	\$390	\$382	102.1%	4.9.(SDB: By Products Revenue Carry Forward) The School for the Deaf and the Blind is authorized to sell goods that are by products of the school's programs and operations, charge user fees and fees for services to the general public: individuals, organi
6	H75	SCSDB	3887	Student Work Training Pgm	4829 5001 7605 7802	\$0	\$41,728	0.0%	for the Deaf and the Blind is authorized to sell goods that are by products of the school's programs and operations, charge user fees and fees for services to the general public: individuals, organi
7	H75	SCSDB	3958	Sale of Assets	7802	\$0	\$0	#DIV/0!	4.9.(SDB: By Products Revenue Carry Forward) The School for the Deaf and the Blind is authorized to sell goods that are by products of the school's programs and operations, charge user fees and fees for services to the general public: individuals, organi

8	H75	SCSDB	43B1	Education Lottery Account	4001 7221	\$28,629	\$139,617	20.5%	This money is for k-8 education enhancement. It is available in November - 3 months after the start of a school year. The most appropriate time to spend these funds is in preparation for the new school year (July, August, and September). Therefore, carried-over funds are available when the majority of the spending should occur in preparation for the new school year. If current year funds were available in July instead of November using carry over funds would be unnecessary but that is not in this agency's control.
9	H75	SCSDB	4973	Educ Improvement Act 1984	3801 4005 7221 7506	\$0	\$6,862,946	0.0%	4.10. (SDB: Deferred Salaries Carry Forward) South Carolina School for the Deaf and the Blind is authorized to carry forward in the current fiscal year the amount of the deferred salaries and employer contributions earned in the prior fiscal year but paid for in the current fiscal year. This is because Teacher Contracts run from August to August and cross fiscal years.

TITLE 30 CHAPTER 1, PROVISIO 28.1

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name TERRY MULHOLLAND
Contact Phone Number: Phone # 803-896-6163
Contact E-mail Address: E-mail TMULHOLLAND@SCDAH.STATE.SC.US

Reconciled copy

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H79	Dept of Archives & History	3035	Earmarked	2821	Fed Grants Unrestricted	PROVISO 28.2	State Grant Fund	Historic Pres	PROVISO 28.2	This is Federal Grant unrestricted revenue	\$36,957
H79	Dept of Archives & History	3035	Earmarked	2822	FED OPERATING GRANTS-RESTRICTED	PROVISO 28.2	Operating Grant Restricted	Historic Pres	PROVISO 28.2	This is Federal Operating Grant Restricted	\$57,693
H79	Dept of Archives & History	3035	Earmarked	4001	Allocations From State Agencies	PROVISO 28.2	DOT	Historic Pres	PROVISO 28.2	DOT Reimbursement for DOT Environmental Project	\$68,421
H79	Dept of Archives & History	3035	Earmarked	7201	Misc Revenue	PROVISO 28.2	Hunley Project	Historic Pres	PROVISO 28.2	DAH Seervices as a flow through for the Hunley Project	\$248,315
H79	Dept of Archives & History	3035	Operating Revenue	7802	SALE OF GOODS	PROVISO 28.2	Sale of Goods	Historic Pres	PROVISO 28.2	Sale of Goods	\$4,010
H79	Dept of Archives & History	3035	Operating Revenue	7810	SALE OF PUBLICATIONS & BROCHURES	PROVISO 28.2	Sale of Publications	Historic Pres	PROVISO 28.2	Sale of Books etc.	\$345
H79	Dept of Archives & History	3035	Operating Revenue	7811	SALE OF DOCUMENTS	PROVISO 28.2	Sale of Documents	Historic Pres	PROVISO 28.2	Sale of Photocopies	\$498
H79	Dept of Archives & History	3037	Earmarked	2822	TEACHING AMERICAN HISTORY (TAH)	TITLE 30 CHAPTER 1	Grant from Richland Dist Two	PUBLIC PROGRAMS	TITLE 30 CHAPTER 1	ADMINISTRATIVE REVENUE FROM TAH GRANT	\$0
H79	Dept of Archives & History	3037	Spec Deposits	2822	FED OPERATING GRANTS-RESTRICTED	PROVISO 28.1	Revenue for Special Deposits	Archives & Records Mgmt. and Administration	PROVISO 28.1	Revenue was deposited to incorrect subfund	(\$46,910)
H79	Dept of Archives & History	3037	Earmarked	4001	Allocations From State Agencies	PROVISO 28.1	Record Revenue from Other Agencies	Amin & Archives & Records Mgmt.	PROVISO 28.1	Reimbursements for services	\$10,215
H79	Dept of Archives & History	3037	Spec Deposits	4001	Allocations From State Agencies	TITLE 30 CHAPTER 1	Grant from State Library	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	State Library Grant	\$0
H79	Dept of Archives & History	3037	Spec Deposits	7404	Royalties	Proviso 28.1	Revenue from Royalties	Archives & Records Mgmt.	Proviso 28.1	Royalties from Publications	\$575
H79	Dept of Archives & History	3037	Spec Deposits	7409	RENT-STUDIOS & ROOMS	TITLE 30 CHAPTER 1	Generated Revenue	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	THE AGENCY RENTS FACILITY FOR GENEREATED REVENUE TO ENHANCE EXPENDITURES	\$64,424

TITLE 30 CHAPTER 1, PROVISIO 28.1

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name TERRY MULHOLLAND
Contact Phone Number: Phone # 803-896-6163
Contact E-mail Address: E-mail TMULHOLLAND@SCDAH.STATE.SC.US

Reconciled copy

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
7	H79	Dept of Archives & History	3037	Spec Deposits	7802	SALE OF GOODS	TITLE 30 CHAPTER 1	Generated Revenue	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	GIFT SHOP REVENUE	\$51,665
8	H79	Dept of Archives & History	3037	Spec Deposits	7803	SALE OF SERVICES	TITLE 30 CHAPTER 1	Generated Revenue	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	CONSERVATION SERVICES & REIMBUSREMENT FROM THE FOUNDATION	\$156,756
14	H79	Dept of Archives & History	3037	Spec Deposits	7810	SALE OF PUBLICATIONS & BROCHURES	TITLE 30 CHAPTER 1	Generated Revenue	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	From the sale of publications	\$11,758
9	H79	Dept of Archives & History	3037	Spec Deposits	7811	SALE OF DOCUMENTS	TITLE 30 CHAPTER 1	Generated Revenue	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	PHOTOCOPIES	\$48,567
4	H79	Dept of Archives & History	3037	Spec Deposits	7812	Sale of Films & Slides	TITLE 30 CHAPTER 1	Generated Revenue	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	The agency renders micrographics services	\$116,380
15	H79	Dept of Archives & History	3958	Sale of Assets	7820	SALE OF SURPLUS MAT & SUPPLIES	TITLE 30 CHAPTER 1	Sale of Surplus Mat & Supplies	Archives & Records Mgmt.	TITLE 30 CHAPTER 1	Sale of Surplus Mat & Supplies	\$295,792
17												\$1,125,461
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: TERRY MULHOLLAND
Contact's Phone Number: 803-896-6163
Contact's E-mail Address: tmulholland@scdah.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H79	DAH	3035	OPERATING REVENUE	4001	\$ 52,704	\$ 55,043	95.8%	TO OFFSET STATE FUND APPROPRIATIONS SHORT FALLS
2	H79	DAH	3037	SPECIAL DEPOSITS	2822, 7409, 7803, 7810, 7811, 7812	\$ 5,971	\$ 105,526	5.7%	FUNDS ARE USED TO OFFSET ARM EXPENDITURES NOT APPROPRIATED AND REMAINING BALANCE OF RENT
3	H79	DAH	3958	SALE OF ASSETS	7860	\$ 132,522.10	\$ -	#DIV/0!	SPECIAL SALE OF CURRENCY PER CODE OF LAWS 60-11-120 AUCTIONS CAN OCCUR IN ONE YEAR AND EXPENDITURES IN ANOTHER YEAR.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Paula James
Contact Phone Number: 803 734-8917
Contact E-mail Address: pjames@statelibrary.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	H87	State Library	3035	operating revenue	3801	Refund Prior Year Expend.	Proviso 29.4,29.5	Cost Recovery	871 Collection Mgmt. Services,1909 SC LENDS,869 Information Technology Services	Proviso 29.4,29.5	Cost Recovery, recycling of IT related equipment, SC Lends membership fees to offset expenses, and book consignment	\$37,310
2	H87	State Library	3035	operating revenue	7201	Misc. Revenue	Proviso 29.2, 29.3	Cost Recovery	874 Continuing Education	Proviso 29.2, 29.3	Cost Recovery, Fees charged for room rentals and registrations.	\$164,593
3	H87	State Library	4098	donations	6601	investment earnings	S.C. Code of Laws § 60-1-120 and Pratt-Smoot Act (1931), amended 2 U.S.C. § 135(a), 136(b), amended U.S.C.P. Law 89-522 (1966), Proviso 29.6	Interest Earned	868 Talking Book Services	Proviso 29.6	Interest earned on our donation accounts.	\$9,834
4	H87	State Library	4098	donations	7605	general oper contrib &donations	S.C. Code Ann. § 60-1-120 and Pratt-Smoot Act (1931), amended 2 U.S.C. § 135(a), 136(b), amended U.S.C. P. Law 89-522 (1966), Proviso 29.6	Donation	868 Talking Book Services	Proviso 29.6	Actual cash received into our donation accounts.	\$8,653

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Paula James
Contact's Phone Number: 803 734-8917
Contact's E-mail Address: pjames@statelibrary.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H87	SCSL	3035	Operating Revenue	7201&3801	\$210,560	\$19,342	1088.6%	This balance consist of our different cost recovery accounts that we have set up to offset expenditures that are either currently due or will be due. The balance is carried over when there are expenditures that will need to be paid at a point in the future.
2	H87	SCSL	4098	Donations	6601&7605	\$355,925	\$40,520	878.4%	This balance consists of three donation accounts. Each account is earmarked for specific purposes and can only be used for those purposes. For example the Callaham account can only be used for the Agency Head's travel. We pay for the Agency Head's travel from this account. The TBS donation account can only be used for services to the blind and visually handicapped.

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Virginia Goodman
Contact Phone Number: 734-8699
Contact E-mail Address: Vgoodman@arts.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H91	Arts Commission	3506	Local Operating Revenue	4829	Trng. Conf. Reg. Fee		Conference registration.	Arts in Education Booking and Statewide Arts Conferences	Proviso 30.2	Fees charged to participants of Arts in Education Booking and Statewide Arts Conference registration fees.	\$0
H91	Arts Commission	3506	Local Operating Revenue	4850	Misc. Fees		Grant application fees/ First Novel contest registration fees	Funds used to offset costs associated with review of applications and submissions.	Proviso 30.2	Application and entry fees	\$945
H91	Arts Commission	3506	Local Operating Revenue	7201	Misc. Revenue		Sale of Arts License Fees	Arts tags fund Arts in Education grants.	Proviso 30.2	The SCAC receives approx. \$61.27 per tag from Dept. of Motor Vehicles.	\$14,240
H91	Arts Commission	3506	Local Operating Revenue	7605	Gen. Operating Contributions		Contributions from other agencies and entities for partnership projects.	Fund Design Arts Partnerships and VSA arts program activities.	Proviso 30.2	The SCAC invoices partners who agree to support programs.	\$11,699
H91	Arts Commission	3506	Local Operating Revenue	7859	Sale of Mach.& Equip.		Sale of surplus property	Misc. operations.	Proviso 30.2	The SCAC turns in surplus propert the BCB which sells the equipment. The agency gets a small percentage of the selling price.	
H91	Arts Commission	4573	Restricted Fund	6601	Investment Earnings		Interest from Wallace Foundation funds on Deposit (Restricted)	Fund Public Participation projects.	Proviso 30.2	Wallace Foundation funding is on deposit with the State Treasurer's Office. We are notified monthly of interest earned by the STO.	\$4,168
H91	Arts Commission	3506	Local Operating Revenue	1643	Return check				Proviso 30.2	Check was deposited without signatures. The check was resent.	\$15,000

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Virginia Goodman
Contact's Phone Number: 734-8699
Contact's E-mail Address: Vgoodman@Arts.SC.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H91	SCAC	3506	Local Operating Revenue	1643, 4573, 4850, 4873, 7201, 7501, 7505, 7605, 7820	\$30,230	\$7	459422.5%	Earmarked revenue generated in prior fiscal year for expenditures in subsequent fiscal year(s).
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3	H91	SCAC	4573	Restricted Fund		\$137,047	\$0	#DIV/0!	Restricted by Wallace grant contract.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Bonnibel G. Moffat
Contact Phone Number: 803-898-5399
Contact E-mail Address: bonnie.moffat@scmuseum.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
H-95	State Museum	3035	Operating Revenue	1612	Outreach	31.5	Fees collected from Outreach Programs	Outreach Programs	Proviso	Program participants pay fees as determined appropriate for each particular program based on value received and comparable market pricing	\$450
H-95	State Museum	3035	Operating Revenue	4827	Admission - Parking Fee	31.5	Fees collected from admissions to museum and special exhibits	Educational Programs, New Exhibits, Paid Media, Administrations Cost, Rent to the B&CB, Outreach Programs, Acquiring artifacts, Maintains the Exhibits	Proviso	We sell tickets at the admission desk	\$446,132
H-95	State Museum	3035	Operating Revenue	7201	Misc Revenues	31.5	Reimbursement	Educational Programs, New Exhibits, Paid Media, Administrations Cost, Rent to the B&CB, Outreach Programs, Acquiring artifacts, Maintains the Exhibits	Proviso	Program participants pays fees as determined appropriate for each particular program based on value received and comparable market pricing	\$77,405
H-95	State Museum	3035	Operating Revenue	7403	Rent State Owned Property	31.5	Fees collected from rentals	Educational Programs, New Exhibits, Paid Media, Administrations Cost, Rent to the B&CB, Outreach Programs, Acquiring artifacts, Maintains the Exhibits	Proviso	We rent space in the building to corporate and private clients for meetings and events. We lease office space to our foundation which pay the rent we pay to B&CB.	\$178,972
H-95	State Museum	30335	Operating Revenue	7404	Sale of Goods	31.3	Retail Store	Revenue department salaries, inventory purchase, shipping costs, sales taxes		We resale items based on cost and market value thru competitive shopping.	\$190
H-95	State Museum	3035	Operating Revenue	7506	Other Operating Grants	31.5	Grants received from Other Sources	Paid Media	Proviso	Museum writes grant, source awards grant	\$180,941

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Bonnibel G. Moffat
Contact Phone Number: 803-898-5399
Contact E-mail Address: bonnie.moffat@scmuseum.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
11	H-95	State Museum	3035	Operating Revenue	7802	Sale of Goods	31.3	Retail Store and Café Operations	Revenue department salaries, inventory purchase, shipping costs, sales taxes	Proviso	We resale items based on cost and market value thru competitive shopping.	\$652,691
	H-95	State Museum	3035	Operating Revenue	7865	Internet Credit Card Sales	31.3	Internet Sales of Retail Product	Revenue department salaries, inventory purchase, shipping costs, sales taxes	Proviso	We resale items based on cost and market value thru competitive shopping.	\$8,657
											\$0	
											\$1,545,438	

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Bonnibel G Moffat
Contact's Phone Number: 803-898-5399
Contact's E-mail Address: bonnie.moffat@scmuseum.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	H95	State Museum	3035	Earmarked Fund	1612,4827,7201,7403,7404,7802,7506,7865	\$203,579	\$1,605,032	12.7%	
2								#DIV/0!	

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Donna V. Parker
Contact Phone Number: 898-1080
Contact E-mail Address: Parker@SCDHHS.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	J02	DHHS	3100	Health Opportunity Account	7221	Misc Transfer-Other Fund	State Plan Amendment allowed by Federal Deficit Reduction Act	Funding of HOA account for qualifying Medicaid Recipients	Medicaid Services for qualifying recipients		Cash on hand for Pilot program. This program has been discontinued.	
2	J02	DHHS	3187	Medicaid Reserve Fund	3801	Refund Prior Yr Expenditures	Proviso 21.1	Recoupments of prior year refunds and program overpayments to pay for liabilities and improvements related to enhancing accountability of future audits	Medicaid Services	Proviso 21.1	Prior year refunds and overpayments from providers of Medicaid Services	\$1,904,987
3	J02	DHHS	3187	Medicaid Reserve Fund	5714	Hosp & Nrsg Home Penalty	Proviso 21.1	Recoupments of prior year refunds and program overpayments to pay for liabilities and improvements related to enhancing accountability of future audits	Medicaid Services	Proviso 21.1	Prior year refunds and overpayments from providers of Medicaid Services	\$1,361,110
4	J02	DHHS	3187	Medicaid Reserve Fund	7221	Misc Transfer-Other Fund	Proviso 21.1	Recoupments of prior year refunds and program overpayments to pay for liabilities and improvements related to enhancing accountability of future audits	Medicaid Services	Proviso 21.1	Prior year refunds and overpayments from providers of Medicaid Services	\$3,216,654
5	J02	DHHS	34K6	Health & Human Services Fund	4001	Allocation from St Agencies	Proviso 90.21	Savings from increased Federal Medical Assistance Percentage	Medicaid Services	Proviso 90.21	Savings from the increased Federal Medical Assistance Percentage.	\$33,650,243

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Donna V. Parker
Contact Phone Number: 898-1080
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
J02	DHHS	3440	Med Care Prog- \$.50 per Capita	4001	Alloc from St Agencies	Section 44-6-146(A)	Collection of 50 cents per capita from Local Governments	Medicaid Services	This sub-fund administers the provisions of Section 44-6-146(A): "Every year the State Treasurer shall withhold from the portion of the Local Government Fund allotted to the counties, a sum equal to fifty cents per capita based on the population of the several counties as shown by the latest official census of the United States. This money withheld by the State Treasurer must be placed to the credit of the commission and used to provide Title XIX (Medicaid) Services."	US Census data is used to claim the 50 cents per capita from the Local Government Fund allotted to counties. These funds are collected by the Department of Revenue and transferred to DHHS.	\$2,005,915
J02	DHHS	3441	St Agencies-Medicaid Allo	3302	Refund Prior Yr Expenditures		Collection of matching funds from other state agencies participating in Medicaid contracts and services	Medicaid Services		Other state agencies and/or private providers remit match funding to DHHS for contracts and services.	
J02	DHHS	3441	St Agencies-Medicaid Allo	3801	Refund Prior Yr Expenditures		Collection of matching funds from other state agencies participating in Medicaid contracts and services	Medicaid Services		Other state agencies and/or private providers remit match funding to DHHS for contracts and services.	

Revenue Object Codes

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9	J02	DHHS	3441	St Agencies-Medicaid Allo	4001	Alloc from St Agencies		Collection of matching funds from other state agencies participating in Medicaid contracts and services	Medicaid Services		Other state agencies and/or private providers remit match funding to DHHS for contracts and services.	\$46,180,361
10	J02	DHHS	3441	St Agencies-Medicaid Allo	7201	Misc Transfer-Other Fund		Collection of matching funds from other state agencies participating in Medicaid contracts and services	Medicaid Services		Other state agencies and/or private providers remit match funding to DHHS for contracts and services.	
11	J02	DHHS	3441	St Agencies-Medicaid Allo	7221	Misc Transfer-Other Fund		Collection of matching funds from other state agencies participating in Medicaid contracts and services	Medicaid Services		Other state agencies and/or private providers remit match funding to DHHS for contracts and services.	\$22,776,002
12	J02	DHHS	3441	St Agencies-Medicaid Allo	7503	Contributions - Hospitals &		Collection of matching funds from other state agencies participating in Medicaid contracts and services	Medicaid Services		Other state agencies and/or private providers remit match funding to DHHS for contracts and services.	\$3,963,520
13	J02	DHHS	3442	Special Grants	3801	Refund Prior Yr Expenditures	Proviso 21.4	Collection of TPL, Fraud, and Drug Rebate funds	Pharmacy expenditures and admin costs of TPL, Fraud, and Drug Rebate	Proviso 21.4	Funds are generated from drug rebates, collections efforts from TPL, and recoupments from Fraud and Abuse cases.	\$54,040,722
14	J02	DHHS	3442	Special Grants	4001	Alloc from St Agencies	Proviso 21.4	Collection of TPL, Fraud, and Drug Rebate funds	Pharmacy expenditures and admin costs of TPL, Fraud, and Drug Rebate	Proviso 21.4	Funds are generated from drug rebates, collections efforts from TPL, and recoupments from Fraud and Abuse cases.	\$2,067,868
15	J02	DHHS	3442	Special Grants	7221	Misc Transfer-Other Fund	Proviso 21.4	Collection of TPL, Fraud, and Drug Rebate funds	Pharmacy expenditures and admin costs of TPL, Fraud, and Drug Rebate	Proviso 21.4	Funds are generated from drug rebates, collections efforts from TPL, and recoupments from Fraud and Abuse cases.	\$17,626,490

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16 J02	DHHS	3475	County Medicaid (MIAA)	3302	Alloc From Counties	Section 44-6-146(B)	Collection of county government assessment of \$5.5 million	Medicaid Services	Section 44-6-146(B)- "County governments are assessed an additional thirteen million dollars annually for use as matching funds for Medicaid services. Of these funds, seven and a half million dollars must be deposited into the Medicaid Expansion Fund created by Section 44-6-155." With \$7.5 million required to be deposited in the Medicaid Expansion Fund (J02-4479), the remaining \$5.5 million is accounted for in this sub fund.	Assessments to County Governments of \$13.5 million of which \$5.5 million is deposited into this account and the remaining \$7.5 million is deposited in sub-fund 4479. These funds are collected by DOR and transferred to SCDHHS.	\$5,493,186

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7	J02	DHHS	3475	County Medicaid (MIAA)	7503	Alloc From Counties	Section 44-6-146(B)	Collection of county government assessment of \$5.5 million	Medicaid Services	Section 44-6-146(B)- "County governments are assessed an additional thirteen million dollars annually for use as matching funds for Medicaid services. Of these funds, seven and a half million dollars must be deposited into the Medicaid Expansion Fund created by Section 44-6-155." With \$7.5 million required to be deposited in the Medicaid Expansion Fund (J02-4479), the remaining \$5.5 million is accounted for in this sub fund.	Assessments to County Governments of \$13.5 million of which \$5.5 million is deposited into this account and the remaining \$7.5 million is deposited in sub-fund 4479. These funds are collected by DOR and transferred to SCDHHS.	
3	J02	DHHS	3476	Medicaid CPE	7201	Misc Revenue		To book certified public expenditures for state agency match	Medicaid Services		No revenue is actually deposited into this account. It is used to post non-cash expenditures for other state agencies that certify the state match to the federal portion of medicaid services	\$166,679,429
9	J02	DHHS	35B4	Medicaid Sponsored Workers	4001	Alloc from St Agencies	Proviso 21.14	To account for funds received from sponsors of Medicaid Eligibility Workers.	State match for salary and other operating costs of Medicaid Eligibility Worker's located at a sponsor's facility		Funding is generated from contractual relationships with sponsored Medicaid providers.	
0	J02	DHHS	35B4	Medicaid Sponsored Workers	7503	Contributions - Hospitals &	Proviso 21.14	To account for funds received from sponsors of Medicaid Eligibility Workers.	State match for salary and other operating costs of Medicaid Eligibility Worker's located at a sponsor's facility		Funding is generated from contractual relationships with sponsored Medicaid providers.	\$3,833,238

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J02	DHHS	3504	Med Asst Prog Refunds - Sta	3801	Refund Prior Yr Expenditures		This is a clearing account used to deposit the state portion of Medicaid assistance payment refunds until proper identification and distribution can be made	All funds are transferred to other funds to be used for TPL and Drug Rebate		Funds are generated from prior year refunds from providers.	\$13,086,440
J02	DHHS	3504	Med Asst Prog Refunds - Sta	7221	Misc Transfer-Other Fund		This is a clearing account used to deposit the state portion of Medicaid assistance payment refunds until proper identification and distribution can be made	All funds are transferred to other funds to be used for TPL and Drug Rebate		Funds are generated from prior year refunds from providers.	(\$13,386,495)
J02	DHHS	3504	Med Asst Prog Refunds - Sta	7503	Contributions - Hospitals &		This is a clearing account used to deposit the state portion of Medicaid assistance payment refunds until proper identification and distribution can be made	All funds are transferred to other funds to be used for TPL and Drug Rebate		Funds are generated from prior year refunds from providers.	\$299,953
J02	DHHS	36H6	Health Care Annualization	7284	Health Care MOE Funds		Fund used to deposit funds from the state Health Care MOE fund for funding Medicaid services	Savings from the increased Federal Medical Assistance Percentage remitted to the state general fund in SFY2010		Residual funds transferred to DHHS from the state.	\$1,669,124

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J02	DHHS	3762	Restricted Fund Proviso 4	3801	Refund Prior Yr Expenditures		To recoup all refunds and identified program overpayments to be used to pay liabilities and improvements related to enhancing accountability for future audits.	Deferrals, disallowances, and uncollected accounts receivables due to the federal government within 60 days.		The state portion of prior year refunds less expenditures for the Third Party Liability, Drug Rebate, and Fraud and Abuse Programs. This sub-fund was replaced with sub-fund 3187.	
J02	DHHS	3762	Restricted Fund Proviso 4	4001	Alloc from St Agencies		To recoup all refunds and identified program overpayments to be used to pay liabilities and improvements related to enhancing accountability for future audits.	Deferrals, disallowances, and uncollected accounts receivables due to the federal government within 60 days.		The state portion of prior year refunds less expenditures for the Third Party Liability, Drug Rebate, and Fraud and Abuse Programs. This sub-fund was replaced with sub-fund 3187.	
J02	DHHS	3762	Restricted Fund Proviso 4	7221	Misc Transfer-Other Fund		To recoup all refunds and identified program overpayments to be used to pay liabilities and improvements related to enhancing accountability for future audits.	Deferrals, disallowances, and uncollected accounts receivables due to the federal government within 60 days.		The state portion of prior year refunds less expenditures for the Third Party Liability, Drug Rebate, and Fraud and Abuse Programs. This sub-fund was replaced with sub-fund 3187.	

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28 J02	DHHS	3861	Services FD Emot Disturb	4001	Alloc from St Agencies	SC Code of Laws Section 20-7-5710	Matching funds for the Emotionally Disturbed Children Program	The EDC Program	SC Code of Laws Section 20-7-5710: The law established the Interagency System for Caring for Emotionally Disturbed Children, an integrated system of care to be developed by the Continuum of Care for Emotionally Disturbed Children of the Governor's Office, DDSN, DHHS, DMH, and DSS. The goal of the system is to implement South Carolina's Families First Policy and to supprt children in a manner that enables them to function in a community setting. These funds are obligated for the EDC program through the MMIS payment system and are transferred to us from DSS for this purpose.	Matching funds are transferred from DSS for the purpose of funding the Emotionally Disturbed Children Program	\$8,099,567

Revenue Object Codes

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29	J02	DHHS	3861	Services FD Emot Disturb	7221	Misc Transfer-Other Fund	SC Code of Laws Section 20-7-5710	Matching funds for the Emotionally Disturbed Children Program	The EDC Program	SC Code of Laws Section 20-7-5710: The law established the Interagency System for Caring for Emotionally Disturbed Children, an integrated system of care to be developed by the Continuum of Care for Emotionally Disturbed Children of the Governor's Office, DDSN, DHHS, DMH, and DSS. The goal of the system is to implement South Carolina's Families First Policy and to supprt children in a manner that enables them to function in a community setting. These funds are obligated for the EDC program through the MMIS payment system and are transferred to us from DSS for this purpose.	Matching funds are transferred from DSS for the purpose of funding the Emotionally Disturbed Children Program	
30	J02	DHHS	3958	Sale of Assets	7854	Sale of Mach and Equip		To deposit proceeds from the sale of assets.	Assets-Administrative		Funds are generated from sale of agency assets.	

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31 J02	DHHS	4176	Nursing Home Sanctions	5714	Hosp & Nrsg Home Penalty	Proviso 21.8and Section 44-6-470	To deposit fines collected as a result of nursing home sanctions	To improve or protect the life, health and property of patients in nursing homes, including costs of relocation of residents and maintenance of a facility pending correction of deficiencies or closure	Federal law as stated in 42 CFR Part 488-442 mandates that civil money penalties collected by the State must be applied to the protection of the health or property of residents of facilities that the State or CMS finds non-compliant, such as (1)relocation of clients, (2) deficiencies and closure; and (3) reimbursement of residents for personal funds or property lost. These funds are obligated for this purpose and should be maintained to assure that funds are available should the need arise to relocate patients or to maintain operation of of a facility pending corrective action.	Funds are a collection of fees and fines as a result of nursing home sanctions imposed by the Centers for Medicare and Medicaid Services (CMS).	\$1,206,677

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32 J02	DHHS	4176	Nursing Home Sanctions	6601	Investment Earnings	Proviso 21.8and Section 44-6-470	To deposit fines collected as a result of nursing home sanctions	To improve or protect the life, health and property of patients in nursing homes, including costs of relocation of residents and maintenance of a facility pending correction of deficiencies or closure	Federal law as stated in 42 CFR Part 488-442 mandates that civil money penalties collected by the State must be applied to the protection of the health or property of residents of facilities that the State or CMS finds non-compliant, such as (1)relocation of clients, (2) deficiencies and closure; and (3) reimbursement of residents for personal funds or property lost. These funds are obligated for this purpose and should be maintained to assure that funds are available should the need arise to relocate patients or to maintain operation of of a facility pending corrective action.	Funds are a collection of fees and fines as a result of nursing home sanctions imposed by the Centers for Medicare and Medicaid Services (CMS). Interest earned on balances within the account.	\$40,385

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33	J02	DHHS	4176	Nursing Home Sanctions	7221	Misc Transfer-Other Fund	Proviso 21.8and Section 44-6-470	To deposit fines collected as a result of nursing home sanctions	To improve or protect the life, health and property of patients in nursing homes, including costs of relocation of residents and maintenance of a facility pending correction of deficiencies or closure	Federal law as stated in 42 CFR Part 488-442 mandates that civil money penalties collected by the State must be applied to the protection of the health or property of residents of facilities that the State or CMS finds non-compliant, such as (1)relocation of clients, (2) deficiencies and closure; and (3) reimbursement of residents for personal funds or property lost. These funds are obligated for this	Funds are a collection of fees and fines as a result of nursing home sanctions imposed by the Centers for Medicare and Medicaid Services (CMS). Interest earned on balances within the account.	\$2,000,000
34	J02	DHHS	4275	HHS-Healthcare Trust Earn	6601	Investment Earnings	Section 11-11-170	Transfer of funds from Tobacco Settlement Proceeds	Medicaid Services	Section 11-11-170-Revenues received from the State's participation in the multi-state legal settlement with the tobacco industry. Section 11-11-170 describes the distribution of tobacco revenues to various agencies. Due to the timing of these revenues at the end of the state fiscal year, the revenues have been carried forward to be expended in the next year.	Interest earned on tobacco settlement proceeds.	\$24,694

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35 J02	DHHS	4275	HHS-Healthcare Trust Earn	7221	Misc Transfer-Other Fund	Section 11-11-170	Transfer of funds from Tobacco Settlement Proceeds	Medicaid Services	Section 11-11-170-Revenues received from the State's participation in the multi-state legal settlement with the tobacco industry. Section 11-11-170 describes the distribution of tobacco revenues to various agencies. Due to the timing of these revenues at the end of the state fiscal year, the revenues have been carried forward to be expended in the next year.	Funds transferred from the Tobacco Settlement Proceeds per Proviso.	\$10,000,000

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36 J02	DHHS	4479	Medicaid Expansion MIAA	650	Hospital Tax	Sections 44-6-155, 44-6-146, and 12-23-810	To collect funds from taxes on licensed hospitals	Medicaid Services	Sections 44-6-155, 44-6-146, and 12-23-810 created this fund and how it is to be funded. Every hospital licensed as a general hospital by DHEC is subject to the payment of an excise, license, or privilege tax. Each hospital's tax must be based on the total expenditures of each hospital as a percentage of total hospital expenditures statewide. Total annual revenue from the tax, exclusive of penalties and interest, in subsection (A) of this section must equal \$264 million. These funds are earmarked for the Medicaid Expansion program and must be used for this purpose.	Tax on licensed hospitals imposed pursuant to Article 11, Chapter 23, Title 12 of the 1976 Code; Collected by DOR and transferred to SCDHHS.	\$263,123,120

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J02	DHHS	4479	Medicaid Expansion MIAA	3302	Alloc From Counties	Section 44-6-155, 44-6-146, and12-23-810	To collect funds from taxes on licensed hospitals	Medicaid Services	Sections 44-6-155, 44-6-146, and 12-23-810 created this fund and how it is to be funded. Every hospital licensed as a general hospital by DHEC is subject to the payment of an excise, license, or privilege tax. Each hospital's tax must be based on the total expenditures of each hospital as a percentage of total hospital expenditures statewide. Total annual revenue from the tax, exclusive of penalties and interest, in subsection (A) of this section must equal \$264 million. These funds are earmarked for the Medicaid Expansion program and must be used for this purpose.	Assessments to County Governments of \$13.5 million of which \$5.5 million is deposited into this account and the remaining \$7.5 million is deposited in sub-fund 4479. Collected by DOR and transferred to SCDHHS.	\$7,490,943

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38 J02	DHHS	4479	Medicaid Expansion MIAA	4001	Alloc From Counties	Section 44-6-155, 44-6-146, and12-23-810	To collect funds from taxes on licensed hospitals	Medicaid Services	Sections 44-6-155, 44-6-146, and 12-23-810 created this fund and how it is to be funded. Every hospital licensed as a general hospital by DHEC is subject to the payment of an excise, license, or privilege tax. Each hospital's tax must be based on the total expenditures of each hospital as a percentage of total hospital expenditures statewide. Total annual revenue from the tax, exclusive of penalties and interest, in subsection (A) of this section must equal \$264 million. These funds are earmarked for the Medicaid Expansion program and must be used for this purpose.	Assessments to County Governments of \$13.5 million of which \$5.5 million is deposited into this account and the remaining \$7.5 million is deposited in sub-fund 4479. Collected by DOR and transferred to SCDHHS.	

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J02	DHHS	4479	Medicaid Expansion MIAA	6601	Investment Earnings	Sections 44-6-155, 44-6-146, and 12-23-810	To collect funds from taxes on licensed hospitals	Medicaid Services	Sections 44-6-155, 44-6-146, and 12-23-810 created this fund and how it is to be funded. Every hospital licensed as a general hospital by DHEC is subject to the payment of an excise, license, or privilege tax. Each hospital's tax must be based on the total expenditures of each hospital as a percentage of total hospital expenditures statewide. Total annual revenue from the tax, exclusive of penalties and interest, in subsection (A) of this section must equal \$264 million. These funds are earmarked for the Medicaid Expansion program and must be used for this purpose.	Interest earned on account balances and deposited by the State Treasurer's Office.	\$723,485

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J02	DHHS	4479	Medicaid Expansion MIAA	7221	Misc Transfer-Other Fund	Sections 44-6-155, 44-6-146, and 12-23-810	To collect funds from taxes on licensed hospitals	Medicaid Services	Sections 44-6-155, 44-6-146, and 12-23-810 created this fund and how it is to be funded. Every hospital licensed as a general hospital by DHEC is subject to the payment of an excise, license, or privilege tax. Each hospital's tax must be based on the total expenditures of each hospital as a percentage of total hospital expenditures statewide. Total annual revenue from the tax, exclusive of penalties and interest, in subsection (A) of this section must equal \$264 million. These funds are earmarked for the Medicaid Expansion program and must be used for this purpose.	Interest earned on account balances and deposited by the State Treasurer's Office.	

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Donna V. Parker
Contact's Phone Number: 898-1080
Contact's E-mail Address: Parker@scdhhs.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	J02	DHHS	3187	Medicaid Reserve Fund	3801 5714 7221	\$0	\$6,482,751	0.0%	Proviso 21.1 allows DHHS to recoup all refunds and identified program overpayments in accordance with established collection policy. The Department is authorized to maintain a restricted fund, on deposit with the State Treasurer, to be used to pay for liabilities and improvements related to enhancing accountability for future audits. The restricted fund will derive from prior year program refunds. The restricted fund shall not exceed one percent of the total appropriation authorization for the current year. Amounts in excess of one percent will be remitted to the general fund.
2	J02	DHHS	34K6	Health & Human Services Fund	4001 7221	\$72,621	\$10,577,622	0.7%	Proviso 90.21 established guidelines for use of savings from the increased Federal Medicaid Assistance Percentage. These savings were used to fund DHHS' Maintenance of Effort for SFY2011 as well as funding for DDSN and DSS. This fund was established for this purpose.
3	J02	DHHS	3440	Medical Care Prog - \$.50 per Capita	4001	\$5,915	\$2,000,000	0.3%	This sub-fund adminsters the provisions of Section 44-6-146(A): "Every year the State Treasurer shall withhold from the portion of the Local Government Fund allotted to the counties, a sum equal to fifty cents per capita based on the population of the several counties as shown by the latest official census of the United States. This money withheld by the State Treasurer must be placed to the credit of the commission and used to provide Title XIX (Medicaid) Services." Normally, DHHS does not carryforward a balance greater than one sixth.

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4	J02	DHHS	3441	St Agencies - Medicaid Alloc	3801 4001 7221 7503	\$10,999,997	\$67,911,768	16.2%	Funds for this sub-fund are received from other state entities or private providers and are expended on a yearly basis for Medicaid contracts and services. Any carry forward is due to timing of receipt of match for a new fiscal year that is received in the prior year. Without this carry forward, the Department would be unable to fund these contracts and services at the beginning of the State Fiscal Year.
5	J02	DHHS	3442	Special Grants	3801 4001 7221 7211	\$19,217,819	\$27,411,685	70.1%	Funds for this sub-fund are actual collections received in sub-fund 3504 and transferred as needed to fund Third Party Liability, Drug Rebate, and Fraud and Abuse activities per Proviso 21.4. The Drug Rebate portion also funds Pharmacy expenditures that otherwise would be paid as 1001 funds. Because collections are not consistent throughout the year, one-sixth of the expenditures may not be sufficient to cover monthly costs actually incurred. Also, funds in this sub-fund are being used to fund other agency budgets for FY10 per Provisos 90.13.
6	J02	DHHS	3475	County Medicaid (MIAA)	3302	\$0	\$5,493,186	0.0%	This sub-fund is used to account for funds received from counties to be used as Medicaid matching funds as required by Section 44-6-146(B) that states, in part: "County governments are assessed an additional thirteen million dollars annually for use as matching funds for Medicaid services. Of these funds, seven and a half million dollars must be deposited into the Medicaid Expansion Fund created by Section 44-6-155." With \$7.5 million required to be deposited in the Medicaid Expansion Fund (J02-4479), the remaining \$5.5 million is accounted for in this sub fund. Generally, the agency does not carry forward a balance greater than one-sixth. The agency historically expends all funds yearly on Medicaid but timing of receipts dictate when funds are spent.
7	J02	DHHS	3476	Medicaid CPE	7201	\$0	\$166,679,429	0.0%	This sub-fund is used to account for Certified Public Expenditures booked by DHHS for other state agencies expenditures. There is not revenue or balance forward recorded in this account.

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8	J02	DHHS	35B4	Medicaid Sponsored Workers	7503	\$3,198,673	\$2,832,296	112.9%	Per Proviso 21.14, DHHS is the agency responsible for determination of Medicaid Eligibility. This sub-fund is used to account for funds received from sponsors of Medicaid Eligibility Workers. Individual providers contract with SCDHHS to provide the state match requirement of the salary and other operating expenses of Medicaid Eligibility Workers to be located at the sponsor's facility. Any balances carried forward represent timing differences between receipt of contractual payments and expenses incurred for the sponsored workers. All funds are contractually obligated and must be available in order to preclude SCDHHS from having to incur expenditures pending receipt of next year's contract payments.
9	J02	DHHS	3504	Med Asst Prog Refunds - State	3801 7221 3802 7503 7903	(\$10)	\$0	#DIV/0!	This is a clearing account used to deposit the state portion of Medicaid assistance payment refunds until proper identification and distribution can be made. Expenditures are not paid from this sub-fund but Third Party Liability, Drug Rebate, and Fraud and Abuse efforts are funded by these refunds per Proviso 21.1. The remainder of the funds are transferred to sub-fund 3187 per proviso to fund possible audit disallowances.

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J02	DHHS	36H6	Health Care Annualization Fund	7284	\$0	\$1,669,124	0.0%	This sub-fund was established in SFY2010 for the Health Care Annualization and Maintenance of Effort funds from prior year savings from the increased Federal Medicaid Assistance Percentage . Residual funds from the state Health Care Annualization and Maintenance of Effort fund was transferred to DHHS in this sub-fund to be used for Medicaid services.
11 J02	DHHS	3861	Services Fd Emot Disturb C	4001	\$1,842,804	\$7,864,448	23.4%	SC Code of Laws Section 20-7-5710: The law established the Interagency System for Caring for Emotionally Disturbed Children, an integrated system of care to be developed by the Continuum of Care for Emotionally Disturbed Children of the Governor's Office, DDSN, DHHS, DMH, and DSS. The goal of the system is to implement South Carolina's Families First Policy and to supprt children in a manner that enables them to function in a community setting. These funds are obligated for the EDC program through the MMIS payment system and are transferred to us from DSS for this purpose.
12 J02	DHHS	3958	Sale of Assets	7820 7855	\$0	\$10,722	0.0%	This sub-fund is used to deposit the proceeds from the sale of assets to be used to purchase like kind assets. Due to the timing of sales and ordering of new assets, carry forward balances may be necessary to cover the costs of the new equipment.

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13	J02	DHHS	4176	Nursing Home Sanctions	5714 6601 7221	\$2,220,136	\$1,310,994	169.3%	Federal law as stated in 42 CFR Part 488-442 mandates that civil money penalties collected by the State must be applied to the protection of the health or property of residents of facilities that the State or CMS finds non-compliant, such as (1) payment for the cost of relocating residents to other families; (2) state costs related to the operation of a facility pending correction of deficiencies or closure; and (3) reimbursement of residents for personal funds or property lost as a facility as the result of actions by the facility or by individuals used by the facility to provide services to residents. These funds are obligated for this purpose and should be maintained to assure that funds are available should the need arise to relocate patients or to maintain operation of a facility pending corrective action. If adequate funding is not available, the Department would have to request funding from the State General Fund to fund the cost of a nursing home closure.
14	J02	DHHS	4275	HHS - Healthcare Trust Earn	6601 7221	\$2,415	\$10,022,279	0.0%	Revenues received from the State's participation in the multi-state legal settlement with the tobacco industry. Section 11-11-170 describes the distribution of tobacco revenues to various agencies. Due to the timing of these revenues at the end of the state fiscal year, the revenues have been carried forward to be expended in the next year.
15	J02	DHHS	4479	Medicaid Expansion MIAA	0650 3302 6601 7503	\$28,523,677	\$243,510,720	11.7%	Sections 44-6-155, 44-6-146, and 12-23-810 created this fund and how it is to be funded. Every hospital licensed as a general hospital by DHEC is subject to the payment of an excise, license, or privilege tax. Each hospital's tax must be based on the total expenditures of each hospital as a percentage of total hospital expenditures statewide. Total annual revenue from the tax, exclusive of penalties and interest, in subsection (A) of this section must equal \$264 million. These funds are earmarked for the Medicaid Expansion program and carry forward is due to the timing of the receipt of the funds from the Department of Revenue. DOR sends funds in June for revenues of the new fiscal year, but these funds cannot be expended in the prior year.

**J040 SC Department of Health &
Environmental Control**

**REVENUE OBJECT CODE
4607, 4875**

DETAIL OF FEES

FY 2010-11

61-30. Environmental Protection Fees.

(Statutory Authority: S.C. Code Section 48-2-10 et seq.)

CONTENTS

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- B. Definitions.
- C. Payment of Fees.
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- G. Schedule of Fees.
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- I. Compliance with Other Statutes and Regulations.
- J. Severability.

A. Purpose and Scope.

Pursuant to South Carolina Code Sections 48-2-50 (1993) and 48-39-145, the Department of Health and Environmental Control shall charge fees for environmental programs it administers pursuant to federal and state law and regulations. This regulation prescribes those fees applicable to applicants and holders of permits, licenses, certificates, certifications, and registrations (hereinafter, "permits") and establishes schedules for timely action on permit applications. This regulation also establishes procedures for the payment of fees, provides for the assessment of penalties for nonpayment, and establishes an appeals process to contest the calculation or applicability.

B. Definitions.

(1) "Actual Emissions" As pertains to Air Quality Control, the actual rate of emissions in tons per year of any regulated pollutant which was emitted over the preceding calendar year or any other period determined by the department to be representative of normal source operation. Actual emissions must be calculated using the unit's actual operating hours, production rates, and in-place control equipment, types of materials processed, stored, or combusted during the preceding calendar year or such other time period established by the department.

(2) "Actual Flow" means (a) aggregate flow as reported on the Discharge Monitoring Reports submitted for the previous year by Industrial dischargers; (b) flow limit as established by NPDES and ND permits for municipal and other non-industrial domestic dischargers.

(3) "Adjudicatory Hearing" means a trial-type proceeding conducted by the Department pursuant to the Department's Procedures for Contested Cases, as defined in R.61-72.101.

(4) "Administratively Complete" means a determination by the Department that all elements of an application, as specified in the applicable regulation and including but not limited to all required signatures and tender of the application fee, where required, have been received.

(5) "Applicant" means a person who applies for, or who is required to apply for a permit from the Department, or on whose behalf a permit application is made or required.

(6) "Application" means those forms supplied by the Department, properly completed, together with such technical reports, plans and specifications as may be required by statute or regulation to apply for a new permit; to renew an expired permit; or to request a major modification to an existing permit requiring substantial technical review by the Department.

(7) "Consumer Price Index (CPI)" The average of the Consumer Price Index for all-urban consumers published by the U. S. Department of Labor as of the close of the 12-month period ending on August 31 of each calendar year.

(8) "Department" means the Department of Health and Environmental Control.

(9) "Environmental Protection Fund" means a special agency-restricted, interest-bearing account established within the Treasurer's Office in which is deposited all fees as authorized to be collected for the Department's environmental programs.

- (10) “Minor activity” As pertains to Coastal Zone Management Program, activities which are noncommercial/nonindustrial in nature and provide personal benefits that have no connection with a commercial/industrial enterprise. These include, but are not limited to, activities to construct such structures as private docks, bulkheads to prevent erosion of individual property, beachfront homes seaward of the baseline, and private boat ramps.
- (11) “Major activity” As pertains to Coastal Zone Management Program, any construction activity that is not a minor activity. These include, but are not limited to, activities such as marina construction, construction of docks for commercial endeavors, dredging for navigation channels, pipeline construction, and beach renourishment projects.
- (12) “Permit Extension” As pertains to Coastal Zone Management critical area permits, is the extension of an existing permit as allowed pursuant to Section 48-39-150(F) and R.30-4(D).
- (13) “Permit” means any permit, license, certificate, registration, plan approval, variance, or other approval issued by or required by the Department or any of its divisions, pursuant to any statute or regulation.
- (14) “Permit Reissuance” is the renewal of an existing permit, license, certification or registration at the end of or during the original period of the existing permit, license, certification or registration.
- (15) “Permitted Emissions” As pertains to Air Quality, emissions of a regulated pollutant, as specified in a source’s air operating permit issued by the Department. Any physical or operational limitation on a source’s capacity to emit a pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be considered in calculating total emissions.
- (16) “Permittee” means any person authorized to conduct any activity or business pursuant to a valid permit issued by or filed with the Department.
- (17) “Person” means any individual, trust, firm, public or private corporation or authority, partnership, association or other entity or any group thereof or any officer, employee, or agent thereof, including the State and the federal government and any agency or authority thereof, and including any city, town, county, or district of the State.
- (18) “Public Hearing” A proceeding, properly noticed in accordance with applicable state and federal laws, during which comments are received and testimony is taken to establish a record of concern prior to an administrative action by the Department.
- (19) “Public Notice” Notice of application or of proposed agency action published in accordance with applicable statutes and regulations.
- (20) “Regulated Pollutant” As pertains to Air Quality, means the actual or permitted emissions from a source for each of the following compounds or substances:
- (a) Except as provided for under G(2)(c), any pollutant regulated by Regulation 61-62.
 - (b) Volatile Organic Compounds.
 - (c) Except as provided for under G(2)(c), any pollutant for which a National Ambient Air Quality Standard has been promulgated.
 - (d) Any pollutant that is addressed by any standard promulgated under Section 111 or 112 of the 1990 Federal Clean Air Act or Regulation 61-62, Standard No. 8.
- (21) “Sources Subject to Fees” As pertains to Air Quality Control, all sources operating under a permit issued by the Department.
- (22) “Time Schedules” In accordance with S.C. Code Sections 48-2-70 and 48-39-150, a “schedule of timely review” for purposes of this regulation shall begin when the applicant is notified that the application is administratively complete or within ten days of receipt of the application, whichever comes first; and end when a final decision is rendered. It will include required technical review, required public notice, and end with a final decision by the Department to issue or deny the permit. The time schedule may be tolled or extended in accordance with the conditions stipulated in Section H(1) of this regulation.

(23) "Transfer of permits" As pertains to the Coastal Zone Management Program, means the written permission of the Department transferring a permit from one person to another.

C. Payment of Fees.

Application and other fees shall be paid in full as follows:

(1) Application fees:

(a) The Department may specify through the establishment of payment invoices, permit application forms, or other standardized instructions the form and manner of payment of all permit application fees.

(b) Application fees shall be due when the application is submitted. The Department will not process an application until the application fee is received.

(c) If the applicant withdraws the permit application anytime before or after the application has been deemed Administratively Complete, but prior to the Technical review of the application, the Department shall refund the entire application fee to the applicant.

(d) Once an applicant has been notified that the application has been deemed Administratively Complete, the Department shall issue or deny the permit within the time period established in Section H below; if no permit decision has been rendered by the end of the relevant time period, the application fee shall be refunded.

(2) Other Fees:

(a) The permit holder shall be notified of all fees other than application fees through routine invoicing schedules developed by the Department. All fees other than application fees are assessed on the state fiscal year of July 1 through June 30 of the following year. The holder of any valid permit on July 1 of each year will be assessed fees for the entire following fiscal period.

(b) New facilities permitted at any time during the fiscal year shall pay the entire annual operating fee prior to issuance of an operating permit except for those fees assessed pursuant to the Clean Air Act.

(c) All fees other than application fees are due within thirty days of billing. Unpaid fees, late fees, and returned checks are subject to the provisions of paragraph D below.

(d) Unless the permittee seeks an extension of the time for making payment, the permittee shall make payment in full on or before the date, and in the manner and form, specified in the invoice. Except to the extent authorized by the Department, late payment, nonpayment, partial payment, or failure to make payment in the specified manner and form shall constitute a failure by the permittee to pay the fee when due.

(3) All fees shall be payable to the Department of Health and Environmental Control and mailed to the Bureau of Finance, 2600 Bull Street, Columbia, S.C. 29201.

(4) Construction permits or modifications, revision, or reissuance of an operating permit will not be issued for a facility that is in default of fees due under this regulation.

D. Penalties.

(1) All fees other than application fees remaining unpaid thirty (30) days after billing will be issued a late notice with no penalty due; however, it will contain advisement of penalty for non-payment after sixty (60) days. Fees remaining unpaid after sixty (60) days will be assessed a ten percent (10%) penalty. Persons delinquent will be issued a notice of the ten percent (10%) penalty due the Department as well as advisement of further penalties should fees remain unpaid. Fees remaining unpaid at the end of ninety (90) days will be assessed a twenty five percent (25%) penalty in addition to the ten percent (10%) sixty day penalty. The sum of both penalties may not exceed five thousand dollars. Persons delinquent at the end of ninety (90) days under this paragraph, will be notified by the Department by certified mail at their last known address.

(2) All returned checks will be subject to a returned check fee as outlined in the DHEC Administrative Policy and Procedures Manual. This penalty will be in addition to those outlined in Paragraph D(1).

(3) Failure to pay fees may, after a hearing in accordance with the provisions of Section F, result in the revocation of an existing permit, license, registration or certification.

E. Reporting.

A quarterly report will be made to the DHEC Board. The report shall include, but not be limited to, fees set and established under this regulation, changes made in the fee schedule since the last report, number of applications received and number of permits issued by each permitting program, adherence to the time schedules as listed in Section H., reduction, if any, in the backlog of permit applications awaiting review, the amount collected and expended by each fee source and any other information requested by the Board.

F. Appeals.

Any person required to pay a fee established pursuant to this regulation who disagrees with the calculation or applicability of the fee may submit to the Department a petition for a hearing together with the total amount of the fee assessed by the Department. The petition must comply with the requirements of Section 201 of Regulation 61-72 and must identify the fee which is challenged and set forth the grounds on which relief is sought. Such petition and the full amount of the fee due must be received by the Department no later than thirty days after the due date. The hearing shall be in accordance with Regulation 61-72, Procedures for Contested Cases, and the State Administrative Procedures Act. If, through the appeals process, it is determined that the fee was improperly assessed, the Department shall return the amount determined to be improperly assessed with interest not to exceed the statutory rate.

G. Schedule of Fees.

(1) Water Pollution Control.

(a) Annual Fees for NPDES and State Construction Permits and State Land Application Permits.

Annual operating fees for facilities with five or less pipes must be calculated based on the previous year's actual flow except for municipal separate storm sewer system (MS4) permits and coverage under a general permit. Annual operating fees for facilities with more than five pipes must be calculated based on the number of pipes except for municipal separate storm sewer system (MS4) permits and coverage under a general permit.

(i) Facilities with five or less discharge pipes:	
1.	
Flow greater than 4,999,000 gal/day	\$ 2,660
2. Flow 2,000,000 - 4,999,999 gal/day	\$ 2,130
3. Flow 1,000,000-1,999,999 gal/day	\$ 1,600
4. Flow 500,000-999,999 gal/day	\$ 1,330
5. Flow 100,000-499,999 gal/day	\$ 1,065
6. Flow 50,000-99,000 gal/day	\$ 800
7. Flow 0-49,999 gal/day	\$ 530
(ii) For six (6) or more discharge pipes	\$ 1,600
plus \$800/discharge for each discharge pipe over five. (\$2,400 minimum charge).	
(iii) Coverage under General Permit (except for NPDES Storm Water General Permits)	\$ 100
(iv) Municipal Separate Storm Sewer Systems	
1. Individual Permits	
a. Large MS4 (population equal to or greater than 250,000)	\$ 25,000
b. Medium MS4 (population equal to or greater than 100,000 and less than 250,000)	\$ 15,000
c. Small MS4 (population less than 100,000)	\$ 10,000
2. Coverage under a MS4 General Permit	\$ 2,000
(v) Agricultural Facilities. Annual Fee will be based on maximum permitted capacity.	
1. Swine Facilities	
a. Facilities with a capacity of 1,000,000 pounds or more of normal production animal live weight at any one time	\$ 500
b. Facilities with a capacity between 500,000 pounds and 1,000,000 pounds of normal production animal live weight at any one time	\$ 300

c. Facilities with a capacity of less than 500,000 pounds of normal production animal live weight at any one time	\$	150
2. Other Animal Operations		
a. Dry Manure/Litter Operations	\$	75
b. Wet Manure/Litter Operations	\$	150
(vi) Industrial NPDES Storm Water General Permit Coverage	\$	75
(b) Water Quality Certification Application Fees.		
(i) Certification of major activities requiring federal or state permits	\$	1,000
(ii) Certification of minor activities requiring federal or state permits	\$	100
(c) Construction Permit Fees.		
(i) Pretreatment Systems		
1. For simple systems, such as one-component systems (e.g. oil/water separators, air strippers, PH control, etc.)	\$	200
2. Complex (such as Multi-Component) systems	\$	600
(ii) Collection Systems		
1. Non-Delegated Program		
a. 1000 ft. or less	\$	100
b. 1,001 to 9,999 ft.	\$	200
c. 10,000 ft. or greater	\$	350
d. Pump stations with or without sewer lines (Fee exempt for individual, residential pumps)	\$	350
2. Delegated Project Review Program	\$	75
(iii) Wastewater Treatment Facilities. Fees for modifications without expansions will be assessed by the Department only for those modifications which require the actual submission of plans and specifications to the Department for review.		
1. Facilities with a Flow of 1,000,000 GPD or greater		
a. New	\$	1,050
b. Expansion	\$	800
c. Modification without Expansion (Engineering review required)	\$	550
d. Modification without Expansion (No Engineering review required)		NC
2. Facilities with a Flow of 0-999,999 GPD		
a. New	\$	700
b. Expansion	\$	550
c. Modification without Expansion (Engineering review required)	\$	400
d. Modification without Expansion (No Engineering review required)		NC
(iv) Project submittals with both collection and treatment components pay the sum of the applicable collection and treatment fees under (i), (ii), and (iii) above.		
(v) Construction NPDES Storm Water Permit		
1. When the Department is the	\$	125

entity responsible for reviewing the Stormwater Pollution Prevention Plan submitted for review	Plus \$	100
	per disturbed acre (not to exceed \$2000)	
2. When an entity other than the Department is responsible for review of the Storm Water Pollution Prevention Plan and the entity's approval serves as a notice of intent for coverage under the general permit.	\$	125
(d) Agricultural Waste Management Plan Application.		
(i) New or Expanding Swine Facilities		
1. Facilities with a capacity of 1,000,000 pounds or more of normal production animal live weight at any one time	\$	2,500
2. Facilities with a capacity between 500,000 pounds and 1,000,000 pounds of normal production animal live weight at any one time	\$	680
3. Facilities with a capacity of less than 500,000 pounds of normal production Animal live weight at any one time	\$	340
(ii) New [FN*] or expanding Other Animal Facilities		
1. Dry Manure/Litter Operation	\$	165
2. Wet Manure/Litter Operation	\$	240
(e) Industrial Storm Water 'No Exposure' Certification	\$	350
[FN*] includes conversion to another type of facility, i.e. poultry to swine.		

(2) DHEC: Safe Drinking Water Act.

(a) In order to comply with the provisions of the federal Safe Drinking Water Act, the Department is authorized to collect a fee from each public water system. The fee must be based upon the number of taps through which the system provides water to its customers. The fees collected must be returned to the department for the purposes of implementing the Safe Drinking Water Act Regulatory Program including engineering plan review, compliance inspections, and enforcement; and for providing technical assistance and monitoring and laboratory analytical services for the public water systems of the State. The fee shall be as follows:

(i) Community And Non-Transient Non-Community Water Systems

Fee = Program Administration Component +” Distribution Monitoring Component +” Source Monitoring Component

Program Administration Component:

\$12.50 x (# Taps Up To 10) +” \$8.35 x (# Taps From 11 To 25) +” \$6.75 x (# Taps From 26 To 50) +” \$5.00 x (# Taps From 51 To 100) +” \$3.35 x (# Taps From 101 To 500) +” \$2.50 x (# Taps From 501 To 1,000) +” \$1.70 x (# Taps From 1,001 To 5,000) +” \$1.25 x (# Taps From 5,001 To 10,000) \$0.80 x (# Taps From 10,001 To 15,000) +” \$0.40 x (# Taps From 15,001 To 25,000) +” \$0.25 x (# Taps From 25,001 To 50,000) +” \$0.15 x (# Taps From 50,001 To 100,000) +” \$0.10 x (# Taps Greater Than 100,000)

Distribution Monitoring Component:

\$175 (Systems Serving Up To 100 Taps); Or,
\$500 (Systems Serving 101 To 1,000 Taps); Or,
\$2,500 (Systems Serving 1,001 To 15,000 Taps); Or,
\$5,000 (Systems Serving Greater Than 15,000 Taps)

Source Monitoring Component:

[\$250 x (#GW Sources)) +” (\$500 x (#SW Sources))] (Up To 25 Taps); Or, [(\$450 x (#GW Sources)) +” (\$800 x (#SW Sources))] (From 26 To 100 Taps); Or, [\$1,250 x (#GW Sources)) +” \$1,800 x (#SW Sources))] (Greater Than 100 Taps; Or, [Maximum \$7,500]

Program Administration Component of Fee (Base Amount +” Rate Per Tap)

System Size	Base Amount	Rate Per Tap	
1 -- 10	\$ 0	\$12.50	First 10 Taps
11 -- 25	\$ 125	\$ 8.35	Taps 11 -- 25
26 -- 50	\$ 250	\$ 6.75	Taps 26 -- 50
51 -- 100	\$ 419	\$ 5.00	Taps 51 -- 100
101 -- 500	\$ 669	\$ 3.35	Taps 101 -- 500
501 -- 1000	\$ 2,009	\$ 2.50	Taps 501 -- 1,000
1,001 -- 5,000	\$ 3,259	\$ 1.70	Taps 1,001 -- 5,000
5,000 -- 10,000	\$ 10,059	\$ 1.25	Taps 5,001 -- 10,000
10,001 -- 15,000	\$ 16,309	\$ 0.80	Taps 10,001 -- 15,000
15,001 -- 25,000	\$ 20,309	\$ 0.40	Taps 15,001 -- 25,000
25,001 -- 50,000	\$ 24,309	\$ 0.25	Taps 25,001 -- 50,000
50,001 -- 100,000	\$ 30,559	\$ 0.15	Taps 50,001 -- 100,000
100,001 and Above	\$ 38,059	\$ 0.10	Taps Over 100,000

Distribution and Source Monitoring Components of Fee

System Size (Number Of Taps)	Distribution Monitoring (Fixed Rate)	Source Monitoring (Rate per Source)	
		Ground Water	Surface Water
1 -- 10	\$ 175	\$ 250	\$ 500
11 -- 25	\$ 175	\$ 250	\$ 500
26 -- 50	\$ 175	\$ 450	\$ 800
51 -- 100	\$ 175	\$ 450	\$ 800
101 -- 500	\$ 500	\$1,250	\$1,800
501 -- 1000	\$ 500	\$1,250	\$1,800
1,001 -- 5,000	\$2,500	\$1,250	\$1,800
5,000 -- 10,000	\$2,500	\$1,250	\$1,800
10,001 -- 15,000	\$2,500	\$1,250	\$1,800
15,001 -- 25,000	\$5,000	\$1,250	\$1,800
25,001 -- 50,000	\$5,000	\$1,250	\$1,800
50,001 -- 100,000	\$5,000	\$1,250	\$1,800
100,001 And Above	\$5,000	\$1,250	\$1,800

(ii) OTHER PUBLIC WATER SYSTEMS

Transient Non-Community Systems	Fee = \$250
Systems Serving More Than 1 Tap But Less Than 15 Taps and Serving Less Than 25 People	Fee = \$150
Systems Serving 1 Tap and Serving Less than 25 People	Fee = \$100
Vending Machines	Fee = \$ 50

(iii) For the purposes of this fee schedule, tap is defined as a service connection, the point at which water is delivered to the consumer (building, dwelling, commercial establishment, camping space, industry, etc.) from a distribution system, whether metered or not and regardless of whether there is a user charge for consumption of the water.

(iv) The Department shall submit an annual report to the Senate Finance Committee, House Ways and Means Committee, South Carolina Section American Water Works Association and the Municipal Association detailing activities funded from safe drinking water fees. The report shall include the amount of fees collected from each waterworks and the listing of expenditures from those fees. The expenditures shall be accompanied by a list of benefits the waterworks receive from the State as a result of the fees. In providing monitoring and laboratory analytical services, DHEC will consider least cost alternatives including contracting with private laboratories when appropriate. DHEC shall include all applicable direct and indirect costs in developing cost comparisons with private laboratories.

(v) Penalties. All fees remaining unpaid thirty (30) days after billing will be issued a late notice with no penalty due; however, it will contain advisement of penalty for non-payment after sixty (60) days. Fees remaining unpaid after sixty days will be assessed a ten percent (10%) penalty. Fees remaining unpaid at the end of ninety (90) days will be assessed a twenty-five percent (25%) penalty in addition to the sixty day penalty. The Department may waive any or all of the assessed penalties in extenuating circumstances. The sum of both penalties may not exceed five thousand dollars. Persons delinquent under this paragraph will be notified by the Department by certified mail at their last known address.

1. All returned checks will be subject to a returned check fee as outlined in the DHEC Administrative Policy and Procedures Manual. This penalty will be in addition to those outlined above.

2. No monitoring will be conducted on systems with fees unpaid at the end of ninety (90) days.

(b) Construction General Permit (for Distribution Systems) Annual Fee. The annual fee is \$1,000.

(c) Construction Permit Application Fees

(i) Distribution systems and related components		
1.	1,000 feet or less of line	\$150
2.	1,001 feet to 9,999 feet	\$400
3.	10,000 feet or greater	\$600
4.	Distribution storage/pump stations	\$600
(ii) Supply/Treatment from Groundwater Sources		
1.	Well systems (test well)	\$500
2.	Well systems, (follow-up, including well head piping, storage	\$500
3.	Well systems (one step)	\$1,000
4.	Treatment systems (except for chemical feed systems)	\$500
	Chemical feed systems	\$250
6.	Small water system permits	\$250
(iii) Supply/Treatment from Surface Water Sources		
1.	New treatment plants	\$2,000
2.	Expansions of existing facilities	\$1,500
3.	Modifications or addition of components	\$1,000
4.	Plant storage, pumping and piping facilities	\$500
5.	Chemical feed systems	\$250
(iv)	Drinking Water Dispensing Stations/Bottled Water Plants (using distribution water)	\$500
(v) General Permit (which may include Delegated Review Program Approval)		
1.	Application for permit (not a renewal)	\$1,000
2.	Delegated review permit	\$75
(vi)	Permit extensions	\$50

(3) Air Quality.

(a) General.

(i) The fees assessed are those fees sufficient to cover reasonable costs associated with the development, processing, and administration of the air quality permit program. Such costs are defined as those necessary to administer the permit program, the Small Business Stationary Source Technical and Environmental Compliance Assistance Program, support staff, equipment, legal services, contracts with consultants and program expenses listed in Section 502(b)(3)(a) of Title V of the 1990 amendments to the Federal Clean Air Act.

(ii) Fees collected shall be placed in a separate non-reverting account within the Department to be used exclusively for the expenses in G(3)(a)(i).

(iii) Except as provided in Section F of this regulation, fees are non-refundable.

(b) Annual Fee. The source owner or operator must pay an annual permit fee to the Department. Beginning on July 1, 1994, and for each subsequent year, fees will be as follows:

(i) \$25.00 per ton (plus Consumer Price Index adjustment) of regulated pollutant based on the actual emissions for the preceding calendar year or any other period determined by the department to be representative of normal source operation. The CPI adjustment is that percentage of \$25.00/ton equal to the percentage, if any, by which the CPI for the most recent calendar year ending before the beginning of such year exceeds the CPI for 1989.

(ii) New sources or any source without sufficient data to be able to determine actual emissions must be assessed the above \$25.00 a ton fee with appropriate CPI adjustment calculated on a pro rata basis for their months of operation. The fee must be based on permitted emissions, until such time as "Actual emissions" can be calculated, and must be paid before the operating permit is issued.

(iii) Should funds in the non-reverting account exceed the anticipated budgeted expenditures for the following year, the fee described in G.3.b.(i) and (ii) above may be adjusted by the Board. At no time shall this adjustment cause a depletion of funds to a level less than ten percent (10%) of the previous year's expenditures for the Title V permitting requirements of the 1990 Federal clean air Act. Any adjustment of fees will require a public hearing to propose the adjustment prior to a final decision by the Board.

(c) Exceptions.

(i) No fees will be assessed for emissions of carbon monoxide.

(ii) No fee will be assessed for actual or permitted emissions in excess of 4,000 tons/year per pollutant.

(iii) The Department may exclude, from the fee calculations, insignificant quantities of actual emission not required in a permit application pursuant to Regulation 61-62.70.5(c).

(4) Laboratory Certification Services:

(5) Radioactive material licenses including reciprocity and general licenses specified in R.61-63.

(6) Radioactive Waste Transportation Permits:

(a)	Application Fee	\$	125
(b)	Minimum Annual Fee (per laboratory)	\$	125
(c)	Clean Water Act (CWA) Inorganics per parameter	\$	20
(d)	Safe Drinking Water Act (SDWA) Inorganics per parameter	\$	20
(e)	SDWA "Secondary" Inorganics per parameter	\$	20
(f)	CWA Organics:		
	(i) PCBs and Pesticides	\$	350
	(ii) Herbicides	\$	350
	(iii) Volatiles	\$	350
	(iv) Semi-Volatiles	\$	350
	(v) Dioxins and Furans	\$	350
(g)	SDWA Organics:		
	(i) Trihalomethanes	\$	350
	(ii) Organic Compounds	\$	350
	(iii) Volatiles	\$	350
(h)	Microbiology:		
	(i) Total Coliform	\$	75
	(ii) Fecal Coliform	\$	75
	(iii) Fecal Streptococci	\$	75
(i)	Biology		
	(i) Toxicity Testing	\$	500/ Species

(ii)	Taxonomy	\$	250
(j)	Solid and Hazardous Wastes (SW-846 Methods):		
(i)	Inorganics (per parameter)	\$	20
(ii)	Organics (per parameter group)	\$	350
	Note: SW-846 certification fees shall be capped at \$1,500 for those laboratories which have paid the applicable per-parameter fees for CWA tests.		
(k)	Air Quality Analysis:		
(i)	Inorganics (per parameter)	\$	20
(ii)	Organics (per parameter group)	\$	350
	Note: Air Quality Certification fees shall be capped at \$1,500 for those laboratories which have paid the applicable per-parameter fees for CWA tests.		
(a)	Low-Level Radioactive Waste Shallow Land Disposal	\$	275,000
(b)	Low-Level Waste Interim On Site Storage & Processing:		
(i)	Solid Components Only	\$	5,000
(ii)	Combination Waste Streams	\$	10,000
(c)	Low-Level Waste Processing Services:		
(i)	Less than 200 FT ³ /year	\$	10,000
(ii)	Greater than 200 FT ³ /year	\$	50,000
(d)	Low-Level Waste Consolidation Services	\$	25,000
(e)	Decontamination, Recycling, Pilot Study Services & Contaminated Equipment Storage (Nonwaste)	\$	3,000
(f)	Decommissioned Facility:		
(i)	Test Reactor	\$	500
(ii)	Non Fuel Cycle	\$	500
(iii)	Fuel Cycle	\$	5,000
(g)	Natural Occurring from Processes	\$	500
(h)	Radioactive Material Manufacturing/Processing	\$	27,000
(i)	Irradiator (unshielded)	\$	5,994
(j)	Irradiator (Self-contained)	\$	313
(k)	Large Quantity Source Material	\$	1,250
(l)	Industrial Radiography (In-Plant only)	\$	1,119
(m)	Industrial Radiography (Temporary Field Site)	\$	1,344
(n)	General License for Distribution	\$	806
(o)	Medical Institution	\$	707
(p)	Teletherapy	\$	1000
(q)	Industrial Gauges	\$	344
(r)	Laboratories-Commercial/Medical	\$	325
(s)	Educational Institution	\$	407
(t)	Nuclear Pharmacy	\$	1,244
(u)	Medical Private Practice	\$	588
(v)	Moisture/Density Gauge	\$	325
(w)	Gas Chromatograph	\$	188
(x)	Services Consultants	\$	207
(y)	Bone Mineral Analyzer	\$	432
(z)	Eye Applicator	\$	432
(aa)	Medical/Academic Board License	\$	2,313
(bb)	Well Logging	\$	1,125
(cc)	Mobile Scanning Services	\$	675
(dd)	Decontamination/Nuclear Laundry	\$	4,375
(ee)	All Other	\$	338
(a)	Type X - Annually greater than 75 cubic feet	\$	1,500
(b)	Type Y - Annually less than 75 cubic feet	\$	200
(c)	Type Z - Combination X or Y but not for disposal within State-Transport only	\$	100

(7) Radioactive Material fees for review and approval of special projects, topical reports, on site disposals, permits, licenses, amendments, renewals and inspections that are not covered by the above schedule, but are based on the full cost recovery for the review or inspection, will be calculated using a professional staff-hour rate equivalent to the sum of the average cost to the agency for a professional staff member, including salary and benefits, administrative support, travel, and certain program support. The professional staff-hour rate will be based on the applicable fiscal year budget but would not exceed one hundred dollars per hour.

(8) Hazardous and Mixed Waste.

Annual Operating Fee

\$ 600

(9) Public Swimming Pool Fees.

(a) Construction Permits.

(i) Type "A", "B", "C", "D", and "F" Pools - \$400 plus \$0.50 per square foot of surface area.

(ii) Type "E" Pools - \$1,000 per flume (including minimum required design landing area) or water course, to include water slide. Additional area above minimum required landing area and all other Type "E" pools will be charged according to (i) above.

(iii) The Department may collect an additional \$250 from the owner for each repeat final inspection that is required due to incomplete construction or construction that is not in accordance with permitted plans and specifications.

(b) Annual Operating Permits.

(i) Type "A", "B", "C", "D" and "F" Pools - \$125 for the first pool on a property plus \$100 for each additional pool on the same property.

(ii) Type "E" Pools - \$100 per flume or water course.

(10) Individual Residential Wells and Irrigation Wells. In accordance with R.61-44, Permitting of Individual Residential Wells and Irrigation Wells, the Department is authorized to collect a fee for each application to install an individual residential well and irrigation well. The fee collected must be returned to the Department for the purposes of developing and implementing the Individual Residential Well and Irrigation Well program, including proposed well construction review, compliance inspections, technical assistance, enforcement, and for providing bacteriological analytical services for new individual residential wells. The fee shall be as follows:

(a) Individual Residential Well	\$ 70
(b) Irrigation Well	\$ 50

(11) Individual Residential Well Monitoring - These fees are to be charged for water samples collected by individuals from their residential well and submitted to the Department for analysis. These fees will not be charged if the samples are considered part of a Department groundwater contamination investigation and may be waived or reduced based on the individual's ability to pay. Ambient water samples and samples from public water systems will not be accepted and analyzed.

(a) Total or Fecal Coliform	\$ 20 per test
(b) Metals and Minerals	\$ 50 per sample
(c) Other Inorganic Parameters	\$ 25 per parameter
(d) Volatile Organic Chemicals	\$ 50 per sample
(e) Herbicides, Pesticides, and other Synthetic Organic Parameters	\$ 50 per parameter

(12) Infectious Waste Annual Fees.

(a) Generators of 1000 pounds per month or more.	\$ 600
(b) Generators of 50 pounds per month through 999 pounds per month	\$ 150
(c) Transporters	\$ 500

(13) Coastal Zone Management Program

(a) General.

(i) The fees assessed are those fees sufficient to cover a portion of the reasonable costs associated with the development, processing, and administration of the Coastal Zone Management Program.

(ii) Fees collected shall be placed in a separate non-reverting account within the Department to be used exclusively for the expenses in G(13)(a)(i), except for the amounts

dedicated to the Coastal Resources Access Fund (CRAF).
DHEC-OCRM shall make matching grants from the fund on a 50/50 basis to local governments in the South Carolina Coastal Zone for projects which enhance the public's use and enjoyment of coastal resources. A portion of the funds collected as per G(13)(b) shall be dedicated to the CRAF.

- (iii) Local governments will only be charged the fee for a minor activity and State agencies will not be charged.
- (b) Critical Area Permit Application Fees
 - (i) Minor activity: \$250.00, except for docks 100 feet or less in length for which the fee will be \$150.00
 - (ii) Major activity: \$1000.00
 - (iii) Extensions or transfers of minor permits: \$25.00
 - (iv) Extensions or transfers of major permits: \$100.00
 - (v) Amendments for minor permits which must be placed on public notice: \$100.00
 - (vi) Amendments for major permits which must be placed on public notice: \$1000.00

(14) Oil and Gas Annual Fees

Terminal Facility Registration Fees	\$250.
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**J040 SC Department of Health &
Environmental Control**

**REVENUE OBJECT CODE
1610**

DETAIL OF FEES

FY 2010-11

	Facility Type		Account/Funding Code	Account/Funding Code	Fee Amount
1	Hospitals and Institutional General Infirmaries	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 1994 - \$10.00 per bed to DHL S015 minus GF R001 (\$50.00 for first 10 beds or fraction thereof, plus .25 cents for each additional bed) \$44-7-260, R61-16
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	
2	Nursing Homes	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 2009 - \$20.00 per bed or \$400.00 for facilities with 20 beds or less to DHL S015 minus GF R001 (\$50.00 for first 10 beds or fraction thereof, plus .25 cents for each additional bed) \$44-7-260, R61-17
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	
3	Residential Treatment Facilities for Children & Adolescents	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 1994 - \$10.00 per bed to DHL S015 minus GF R001 (\$50.00 for first 10 beds or fraction thereof, plus .25 cents for each additional bed) \$44-7-260, R61-103
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	
4	Habilitation Centers for the Mentally Retarded or Persons with Related Conditions	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 1994 - \$5.00 per bed to DHL S015 minus GF R001 (\$50.00 for first 10 beds or fraction thereof, plus .25 cents for each additional bed) \$44-7-260, R61-13
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	
5	Community Residential Care Facilities	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 2001- \$10.00 per bed or \$75 for facilities with 7 beds or less to DHL S015 minus GF R001 (\$5.00 per bed for the first 10 beds, plus .25 cents for each additional bed.) \$44-7-260, R61-84
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	
6	Home Health Agencies	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 1989- \$100 plus \$50 for each county served to DHL S015 minus GF R001 (First \$50.00) \$44-69-10, R61-77
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	

	Facility Type	Code Type	Account/Funding Code	Account/Funding Code	Fee Amount
7	Ambulatory Surgery Facilities	Code Type	DHL Fund Licenses (S015) RA	General Fund Licenses (R001) RB	FY 2003- \$150 per Operating, Endoscopy, & Procedure Room or \$600, which ever is greater to DHL S015 minus GF R001 (First \$500). \$175 for initial inspection and \$175 for each visit if facility does not pass initial inspection to DHL S015. §44-7-260, R61-91
		Location	400	400	
		Organization	404010	404010	
		Fund	534015	428001	
		Account	4161001 (40421)	4161001 (40421)	
		Activity	4020140	4020140	
8	Outpatient Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence	Code Type	DHL Fund Licenses (S015) RA		FY 2001-\$75 plus \$50.00 for each satellite location to DHL S015. §44-7-260, R61-93
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
9	Chiropractic Facilities	Code Type		General Fund Licenses (R001) RB	FY 1984-\$50.00 for first 10 beds, plus .25 cents for each additional bed to GF R001. §44-7-260, R61-90
		Location		400	
		Organization		404010	
		Fund		428001	
		Account		4161001 (40421)	
		Activity		4020140	
10	End Stage Renal Dialysis Facilities	Code Type		General Fund Licenses (R001) RB	FY 1993-\$200.00 for first 10 stations, plus \$20 for each additional station to GF R001. §44-7-260, R61-97
		Location		400	
		Organization		404010	
		Fund		428001	
		Account		4161001 (40421)	
		Activity		4020140	
11	Hospice Program	Code Type	DHL Fund Licenses (S015) RA		FY 2002-\$100 plus \$50 for each County Served to DHL S015. §44-71-10, R61-78
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
12	Hospice Facility	Code Type	DHL Fund Licenses (S015) RA		FY 2002-\$10 per bed, or \$75.00 for facilities with 7 beds or less to DHL S015. §44-71-10, R61-78
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		

	Facility Type	Code Type	Account/Funding Code	Account/Funding Code	Fee Amount
13	Inpatient Facilities That Treat Individuals for Psychoactive Substance Abuse or Dependence	Code Type	DHL Fund Licenses (S015) RA		FY 2001-\$10 per bed, or \$75.00 for facilities with 7 beds or less to DHL S015. §44-7-260, R61-93
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
14	Day Care Facilities for Adults	Code Type	DHL Fund Licenses (S015) RA		FY1991-\$3.00 per participant to DHL S015. §44-7-260, R61-75
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
15	Abortion Clinics	Code Type	DHL Fund Licenses (S015) RA		FY 1996-\$500.00 per year to DHL S015. §44-7-260, §44-41-70, R61-12
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
16	Birthing Centers	Code Type	DHL Fund Licenses (S015) RA		FY 1991-\$200 to DHL S015. §44-89-10, R61-102
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
17	Free Standing or Mobile Technology	Code Type	DHL Fund Licenses (S015) RA		FY 2004-\$600 (Plus \$175 for initial inspection and \$175 for each visit if facility does not pass initial inspection.) to DHL S015. Positron Emission Tomography (PET and PET/CT) equipment and Cardiac Catheterization equipment only. §44-7-265, R61-108
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
18	Body Piercing Facility	Code Type	Lic./Inspec. Fees (S560) RD	BP Penalty Fees (S560) RD	FY 2002-\$300 (plus \$175 for initial inspection and \$175 for each visit if facility does not pass initial inspection.) to DHL S560 account 4180102. Penalty Fees to DHL S560 account 4573202. §44-32-20, R61-109
		Location	400	400	
		Organization	404010	404010	
		Fund	534560	534560	
		Account	4180102	4573202	
		Activity	4020140	4020140	

	Facility Type	Code Type	Account/Funding Code	Account/Funding Code	Fee Amount
19	Tattoo Facility	Code Type	Lic./Inspection Fees (S602) RC	Tattoo Penalty Fees (S602) RC	FY 2006-\$400 plus \$50 for each station over 8 (Plus \$50 for initial certification of a fixed facility plus \$175 for initial inspection and \$175 for each visit if facility does not pass initial inspection.) to DHL S602 account 4180101. Penalty Fees to DHL S602 account 4573201 (40510). §44-34-20, §44-34-79, R61-111
		Location	400	400	
		Organization	404010	404010	
		Fund	534602	534602	
		Account	4180101	4573201 (40510)	
		Activity	4020140	4020140	
20	Licensed Midwives	Code Type	Midwife Fund RG		FY 1993-\$150 for 2 years to DHL account 4180802 (40425). §44-7-260, R61-24
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001(40421)		
		Activity	4020140		
21	Licensed Midwife Apprentices	Code Type	Midwife Fund RG		FY 1993-\$50 per year to DHL account 4180802 (40425). §44-7-260, R61-24
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		
22	Midwife Exam Fee	Code Type	Midwife Fund RH		FY 2008-\$50 to DHL account 4180801 (40425). §44-7-260, R61-24
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4180801 (40425)		
		Activity	4020140		
23	Hearing Aid Specialists	Code Type	Hearing Aid Fund (S013) RE	Late Fee Hearing Aid Fund (S013) RE	FY 1988-\$50 licensing fee to DHL S013 account 4180301 (40413). Late fee to DHL S103 4572001 (40414). §40-25-10, R61-3
		Location	400	400	
		Organization	404010	404010	
		Fund	534013	534013	
		Account	4180301 (40413)	4572001 (40414)	
		Activity	4020140	4020140	
24	Hearing Aid Temporary Permit Holders	Code Type	Hearing Aid Fund (S013) RF	Late Fee Hearing Aid Fund (S013) RF	FY 1988-\$25 to DHL S013 account 4163201 (40411). Late fee to DHL S013 4572001 (40414). §40-25-10, R61-3
		Location	400	400	
		Organization	404010	404010	
		Fund	534013	534013	
		Account	4163201 (40411)	4572001 (40414)	
		Activity	4020140	4020140	

	Facility Type	Code Type	Account/Funding Code	Account/Funding Code	Fee Amount
25	Hearing Aid Exam Fee	Code Type	Hearing Aid Fund (S013) RI	Late Fee Hearing Aid Fund (S013) RI	FY 1988-\$50 to DHL S013 account 4450901 (40412). Late fee to DHL S013 4572001 (40414). \$40-25-10, R61-3
		Location	400	400	
		Organization	404010	404010	
		Fund	534013	534013	
		Account	4450901 (40412)	4572001 (40414)	
		Activity	4020140	4020140	
		Expenditure			
		Fund	534013		
		Account	5030701		
26	*Penalty Money – Applies to Lines Items 1 – 17, 20 & 21 only. Retained in Accordance with Budget Proviso 9.39	Code Type	Penalty \$ < or = \$50,000 (S422)	Penalty \$ > \$50,000 R287)	Budget Proviso – First \$50,000 of Civil Penalty money collected to DHL (S422). Penalty money collected in excess of \$50,000 to General Fund (R287). Budget Proviso 22.32; §44-7-320; §44-89-80; §44-69-100; §44-71-110
		Location	400	400	
		Organization	404010	404010	
		Fund	534422	428016	
		Account	4571401	4571401	
		Activity	4020140	4020140	
27	FBI Background Check Program - Section 44-7-2910, Code Of Laws Of SC 1976, as amended.	Code Type	Finger Print Fees (S415)	Fines/Penalties (S417)	FY 2004-\$30.25 for each employee and \$15.25 for each volunteer fingerprinted to DHL fund (S415). Fines/Penalties collected to DHL fund (S417). §44-7-2910
		Location	400	400	
		Organization	404010	404010	
		Fund	534415	534417	
		Account	4471801 (40509)	4571401	
		Activity	4020140	4020140	
		Expenditure			
		Fund	534415		
		Account	5029901		
28	**Late Fees Assessed in Accordance with Budget Proviso 22.17	Code Type	DHL Fund Licenses (S015) RA		\$75 or 25% of the licensing fee amount, whichever is greater, in addition to the licensing fee. Budget Proviso 22.17
		Location	400		
		Organization	404010		
		Fund	534015		
		Account	4161001 (40421)		
		Activity	4020140		

***Penalty Money Retained in Accordance with Budget Proviso 22.32:** (DHEC: Health Licensing Monetary Penalties) In the course of regulating health care facilities/services, the Division of Health Licensing (DHL) assesses civil monetary penalties against nonconforming providers. DHL shall retain up to the first \$50,000 of civil monetary penalties collected each fiscal year and these funds shall be utilized solely to carry out and enforce the provisions of regulations applicable to that Division. These funds shall be separately accounted for in the Department's fiscal records.

****Late Fees Assessed in Accordance with Budget Proviso 22.17:** (DHEC: Health Licensing Fee) Funds resulting from an increase in the Health Licensing Fee Schedule shall be retained by the department to fund increased responsibilities of the health licensing programs. Failure to submit a license renewal application or fee to the department by the license expiration date

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License Fees & Funding

shall result in a late fee of \$75 or 25% of the licensing fee amount, whichever is greater, in addition to the licensing fee. Continual failure to submit completed and accurate renewal applications and/or fees by the time period specified by the department shall result in enforcement actions. The department may waive any or all of the assessed late fees in extenuating circumstances, as long as it is with public knowledge.

X-ray Facility & Equipment Fees

Application and Review Fees

Facility Application	\$62.50
Vendor Application	\$62.50
Out-Of-State Facility Application	\$62.50
Shielding Review	\$62.50

X-Ray Equipment Fees

Radiographic	\$100
Fluoroscopic	\$100
Combination Rad/Fluoro	\$200
Dental	\$62.50
Therapy	\$125
Diffraction	\$68.75
X-ray Fluorescence	\$68.75
Accelerator	\$125
Electron Microscope	\$37.50
Spectrograph	\$68.75
Cephalometer	\$100
Panoramic	\$50
Cabinet X-ray	\$93.75
CT Scanner and/or PET/CT Scanner	\$100
C-Arm Fluoroscopic	\$100
*Mammography	\$1,000
Stereotactic Mammography	\$100
Baggage Checker	\$68.75
Bone Densitometer	\$100
Lithotripter	\$100
Simulator	\$100
Other	\$100
Out-of-state Facilities	\$156.25
Vendors and Installers	\$156.25

*Mammography – Annual fee of \$1,000 to include one machine. Each additional machine is \$200.00 per tube.

Mammography follow-up inspection fee \$500.00.

**J040 SC Department of Health &
Environmental Control**

**REVENUE OBJECT CODE
3901, 4516**

DETAIL OF FEES

FY 2010-11

Prior Authorization Requirements Chart

	Regular Medicaid Fee- For-Service (FFS) Coverage	Family Planning Waiver Coverage	MHN Enrollee	AMERIGROUP	BLUECHOICE	CAROLINA CRESCENT	CHCcares Coventry/ Wellpath	FIRST CHOICE Select Health	TOTAL CAROLINA CARE	UNISON
Children's Health Services										
EPSDT Screenings (99381-99385 & 99391-99394)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	?	PA Not Required	PA Required	PA Not Required
Pediatric Problem Clinic Visits (99201-99205 & 99211-99215)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	Not Billable	PA Not Required	PA Required	PA Not Required
Postpartum Newborn Home Visits Initial Newborn Home Visit (99501) Return Newborn Home Visit (99501-52) NICU Pre-Discharge Visit (T1028-HA)	PA Not Required	Not a Covered Service	PA Required	PA Required	PA Required	PA Required for PA call Novologix 1-866-578-3060	PA Required	PA Required	PA Required for PA call Care Centrix 1-866-433-6041	PA NOT Required for Initial; PA Required for Return and NICU
Nursing Service for Children Under 21 RN Encounter < 15 min. (T1015-TD) LPN Encounter < 15 min. (T1015-TE) RN Procedures > 15 min. (T1002) LPN Procedures > 15 min. (T1003)	PA Not Required	Not a Covered Service	PA Not Required	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS
Environmental Blood Lead Investigation (T1029)	PA Not Required	Not a Covered Service	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required
Family Support Services (FSS)										
Assessment (S0315-TD, HN or HO) Preventive Individual (S9445-TS) Preventive Group (S9446-TS) Rehabilitative Individual (S0316-TD, HN or HO) Rehabilitative Group (96153-TD, HN or HO) Supervised Rehabilitative Individual (S0316-HM) Supervised Rehabilitative Group (96153-HM)	PA Not Required	Not a Covered Service	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required (except for Initial Assessment)

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Prior Authorization Requirements Chart

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Family Planning Services										
Routine Family Planning Services										
Clinic Visits (99201-FP - 99205-FP & 99211-FP - 99215-FP)										
Lab Tests required for FP purposes										
Procedures										
IUD Insertion (58300-FP)										
IUD Removal (58301-FP)										
Norplant Removal (11976-FP)										
Contraceptive Supplies										
Oral Contraceptives (S4993-FP)	PA Not Required	PA Not Required	PA Not Required	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	PA Not Required
Paragard Model T380A IUD (J7300-FP)										
Mirena IUD (J7302-FP)										
Condoms (A4267-FP)										
Spermicides (A4269-FP)										
Diaphragm (A4266-FP)										
DMPA 150 mg (J1055-FP)										
Nuva Ring (J7303-FP)										
Ortho Evra Patch (J7304-FP)										
Female Condom (A4268-FP)										
Medically Indicated Services										
Problem Clinic Visits (99201-99205 & 99211-99215)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	?	PA Required	PA Required	PA Not Required
Medically Indicated Lab Tests										

Prior Authorization Requirements Chart

	Regular Medicaid Fee- For-Service (FFS) Coverage	Family Planning Waiver Coverage	MHN Enrollee	AMERIGROUP	BLUECHOICE	CAROLINA CRESCENT	CHCcares Coventry/ Wellpath	FIRST CHOICE Select Health	TOTAL CAROLINA CARE	UNISON
Postpartum Exam (59430)	PA Not Required	Not A Covered Service	PA Required	PA Required	?	PA Required	?	PA Not Required	PA Required	PA Required
Immunizations										
VAFAC Immunizations	PA Not Required	Not a Covered Service	PA Required	Not Billable	PA not required	PA Required	PA Required	Not Billable	PA Required	Not Billable
Visit fee (99211)										
Immunizations by injection (90471 & 90472)	PA Not Required	Not a Covered Service	PA Required	PA Required	PA not required	PA Required	PA Required	PA Not Required	PA Required	PA Not Required
Immunizations by Intranasal (90473 & 90474)										
Adult Immunizations										
Visit fee (99211)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	PA Required	PA Not Required	PA Required	PA Not Required 90772 Not Billable
Administration fee (90772)										
STD/HIV Services										
Clinic Visits (99201P2-99205P2 & 99211P2-99215P2)	PA Not Required	Not a Covered Service	PA Not Required	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS
STD/HIV Lab Tests										
STD Treatment Drugs										
Non-Program Related Services										
Lab Tests & Venipuncture (walk-in with MD orders)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	PA Required	PA Required	PA Required	PA Required
BABYNET										
Targeted Case Management (T1017)	PA Not Required	Not a Covered Service	PA Required	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS
Concurrent Case Management (T1016)										

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Prior Authorization Requirements Chart

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Environmental Blood Lead Investigation (T1029)	PA Not Required	Not a Covered Service	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required	PA Required
Family Support Services (FSS)										
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Prior Authorization Requirements Chart

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Family Planning Services										
Routine Family Planning Services										
Clinic Visits (99201-FP - 99205-FP & 99211-FP - 99215-FP)										
Lab Tests required for FP purposes										
Procedures										
IUD Insertion (58300-FP)										
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Contraceptive Supplies										
Oral Contraceptives (S4993-FP)	PA Not Required	PA Not Required	PA Not Required	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	PA Not Required
Paragard Model T380A IUD (J7300-FP)										
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Nuva Ring (J7303-FP)										
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Medically Indicated Services										
Problem Clinic Visits (99201-99205 & 99211-99215)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	?	PA Required	PA Required	PA Not Required
Medically Indicated Lab Tests										

Prior Authorization Requirements Chart

	Regular Medicaid Fee- For-Service (FFS) Coverage	Family Planning Waiver Coverage	MHN Enrollee	AMERIGROUP	BLUECHOICE	CAROLINA CRESCENT	CHCcares Coventry/ Wellpath	FIRST CHOICE Select Health	TOTAL CAROLINA CARE	UNISON
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Visit fee (99211)										
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Immunizations by Intranasal (90473 & 90474)										
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Visit fee (99211)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	PA Required	PA Not Required	PA Required	PA Not Required 90772 Not Billable
Administration fee (90772)										
STD/HIV Services										
Clinic Visits (99201P2-99205P2 & 99211P2-99215P2)	PA Not Required	Not a Covered Service	PA Not Required	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS	Bill Medicaid FFS
STD/HIV Lab Tests										
STD Treatment Drugs										
Non-Program Related Services										
Lab Tests & Venipuncture (walk-in with MD orders)	PA Not Required	Not a Covered Service	PA Required	PA Required	?	PA Required	PA Required	PA Required	PA Required	PA Required
BABYNET										
Targeted Case Management (T1017)	PA Not Required	Not a Covered Service	PA Required	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS	Not a Covered Service Bill Medicaid FFS
Concurrent Case Management (T1016)										

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APPENDIX 5: SERVICE GUIDE

I. BabyNet Service Providers

- A. "Service providers" include all non-governmental entity or individual with a current DHEC contract for provision of IDEA Part C services through the BabyNet system. Reimbursement will be made only for services provided in accordance with applicable federal and state laws, regulations and guidelines, including those outlined in the BabyNet policy and procedure manual.

The provider is an independent contractor for whom no Federal or State income tax will be deducted by BabyNet and for whom no retirement benefits, worker's compensation protection, survivor benefit insurance, group life insurance, vacation and sick leave, liability protection, and similar benefits available to state employees will accrue.

B. Procedures for executing a DHEC BabyNet contract:

1. Provider requests application form (*BabyNet Provider Enrollment Form*) from the DHEC BabyNet Office or on the web at www.dhec.sc.gov/babynet located in the Division of Children with Special Health Care Needs.
2. Provider completes the application and returns to the BabyNet central office with required supporting documentation.
3. The BabyNet Provider Relations Office reviews and approves application, and instructs DHEC Health Services Administration to prepare and send contract to the requesting provider. With Health Services Operations (HSO) approval signature.
4. Provider signs the contract and returns to DHEC Health Services Operations (HSO).
5. Contract is not fully executed until HSO sends a copy of the signed contract to the provider Relations Office.
6. The BabyNet Provider Relations Office adds the provider to the list of approved providers. Reimbursement is made only to contractors on the approved provider list.
7. If the application is denied the requesting provider will be notified in writing within 20 working days of receipt of a complete and accurate application.

C. Provider enrollment requests will be denied if:

1. The requesting provider:
 - a. Was termination from previous employment due to Medicaid or financial fraud;
 - b. Has prior ethical or criminal convictions;
 - c. Was previously termination of a BN Contract resulting from non-compliance with contract requirements;
2. There is other evidence of the provider's inability to meet the contract requirements or unsuitability for working with BabyNet children and families as determined by the BabyNet program manager.

D. Provider Change

- a. Provider has a change of address or a name change they must fill out the *Change of Provider Information* form and a *W-9* form and mail the forms to Central Office.
- b. Provider has a change of services or adds additional Provider to the contract they will need to fill out the *Change of Provider Information* form and mail the form to Central Office.

These form's can be found on the BabyNet web-site a www.dhec.sc.gov/babynet.

E. Reporting misconduct

Any individual participating in provision of BabyNet services is required to report misconduct to a BabyNet supervisor, DHEC System Manager, DHEC Regional Consultant or BabyNet Central Office within five (5) working days by way of a written complaint. If at any point, any individual who reasonably believes that a BabyNet provider is posing an imminent risk of danger to children, parents, or staff, they shall report the information to a local law enforcement agency or SC Department of Social Services, and then to BabyNet Central Office within twenty-four (24) hours.

F. Investigation and resolution of reported non-compliance with the terms of the contract.

“Noncompliance” is any contractor action not consistent with applicable federal and state laws, regulations and guidelines, including those outlined in the BabyNet policy and procedure manual. Such actions may be reported by family members, providers, and/or qualified personnel, who reasonably believes a BabyNet provider to be out of compliance with the BabyNet contract requirements, and/or applicable Federal and State laws or regulations.

When noncompliance is reported:

1. The regional DHEC system manager will:

- a. Contact the provider to discuss the complaint and, if needed, clarify the expectations/requirements of ongoing participation in the BabyNet System and ensure commitment for corrective actions as required.
- b. Contact the complainant to report findings.
- c. Document all actions related to the complaint for submission to the DHEC BabyNet program manager (or designee) monthly or as requested. The report must include the provider's name, address, and details regarding the complaint/resolution. This information will be maintained in the provider's file at BN Central Office.
- d. If further non-compliance is reported and confirmed by the BN System Manager, the BN System Manager will issue a formal letter to the provider specifying the area of non-compliance and immediate actions required to meet contract standards. The provider will have fifteen (15) working days to meet all contract requirements. A copy of the letter will be submitted to BN Central Office and maintained in the provider's file at BN Central Office.
- e. All written communications by both parties will occur by Certified Mail, Return Receipt Requested.
- f. Formal Investigation Initiated (see section below for additional information): If the provider does not agree to meet the requirements or the provider continues to demonstrate noncompliance with contract requirements, the DHEC regional system manager will notify BN Central Office in writing. This notification shall include the provider's name, descriptions of the issues including dates, times and methods of attempts to resolve concerns, and other relevant history information. BN Central Office will initiate an investigation of non-compliance (see below for additional information).

2. Upon receipt of provider non-compliance complaint, the DHEC BabyNet program manager (or designee) will:

- a. Conduct an investigation that includes interviews with all parties, record reviews, discussions with families, and/or other actions as necessary.
- b. Identify deficiencies or violations of State and Federal law or regulations; and
- c. Determine whether contract termination or immediate corrective actions are necessary to address deficiencies or violations.

- d. Send a written summary of findings to the provider and explanation of decisions made based on the investigation.
3. When immediate corrective actions are indicated the provider (and/or others as necessary) will be asked to reply to the DHEC BabyNet central office within 15 working days with written notification and a plan for corrective actions. Any plan for corrective actions must be approved by DHEC.
4. If the plan for corrective actions is not submitted, or is not approved by the BabyNet program manager, DHEC will:
 - a. Notify the provider in writing that payment for the related service unit will be withheld;
 - b. Terminate the provider's BabyNet contract;
 - c. Remove the provider from the list BabyNet contractors approved for payment; and
 - d. Notify all BabyNet service coordination agencies within two working days.
5. Upon this action, the BabyNet service coordination agencies shall ensure, that notifications to the parents of any child receiving services from the provider are sent in writing immediately. The Service Coordinator will work with the parents who together will make arrangements for the delivery of services by an alternate qualified provider and an IFSP meeting will be conducted when needed or required.
6. Authorized services by the terminated contractor shall cease immediately upon the date of notification of such termination and no payments shall be sought or made for any services provided beyond the termination date.
7. A record of each investigation and contract termination shall be maintained by the State office of the BabyNet Early Intervention System and shall be retained. The record shall be available for public inspection and copying.
8. If an individual(s) reasonably believes that a BabyNet provider is posing an imminent risk of danger to children, parents, or staff, they shall report the information to a local law enforcement agency or SC Department of Social Services, and then to BabyNet Central Office within twenty-four (24) hours.

Upon receipt of such notification, BabyNet Central Office shall immediately conduct an investigation.

Until completion of the investigation, BN Central Office may temporarily remove the provider from the BN provider list. Upon completion of investigation, if required, relevant procedures for contract termination will be followed.
9. Discontinuance or violation of original requirements of BabyNet contract constitutes grounds for automatic termination.
- G. All contractors are subject to professional conduct guidelines included in the BabyNet policy and procedure manual.

II. Payment procedures for DHEC BabyNet contractors

- A. The Service Coordinator authorizes all services to be reimbursed by BabyNet based on the IFSP using the *BabyNet Payment Authorization* form (DHEC 3203) as follows:
 1. Completes and signs the form. Authorizations must be completed by the Service Coordinator prior to services being rendered (up to three months in advance).
 2. Sends two copies of the DHEC 3203 to the approved BabyNet service provider.
 3. Sends one copy to the fiscal agent.
 4. Retains one copy for the child's file.

Although several services can be listed on an authorization, a separate form must be completed for each contractor and for each month of service.
- B. Fiscal Agent
 1. Reviews the copy of the authorization form upon receipt to see that the necessary information has been entered.
 2. If any information is incomplete or inaccurate, the DHEC 3203 is returned to the Service Coordinator with a cover letter stating what is necessary to complete or correct the authorization.
- C. The contracted BabyNet service provider delivers authorized services and sends the following to the fiscal agent:
 1. A copy of the authorization;
 2. A detailed itemized invoice, listing the services that have been provided, including the CPT code. Refer to BabyNet Service/Reimbursement Guide Section 9.00.00 procedure 5.60.00 for BN Service Codes (all must agree with the service(s) authorized, including the frequency and duration of on-going services and the dates of service);
 3. An Explanation of Benefits or denial if the child has private health insurance. After reviewing the documents, if criteria have been met and appropriate documentation included, the fiscal agent prepares the invoices/authorizations for reimbursement.
- D. The fiscal agent will release funds after receipt of a properly prepared and signed authorization from a Service Coordinator and receipt of an invoice and appropriate documentation from the contractor. Reimbursement will be determined by:
 1. BabyNet Service/Reimbursement Guide – The fiscal agent calculates the amount of reimbursement based on the BabyNet Service/Reimbursement Guide.
 2. Hospital Contract Rate – If the child is not covered by private health insurance or documentation is provided to the fiscal agent that the services are not covered by the child's insurance policy, the fiscal agent calculates the percentage of the actual charges for contractors that fall under one of the MCH Hospital Contracts.
 3. Co-payment/Deductible/Co-insurance – The fiscal agent calculates the amount of reimbursement based on the Explanation of Benefits obtained by the contractor. If the insurance company pays the contractor up to or more than the BabyNet allowable amount, the contractor receives no further reimbursement.

III. DHEC Third Party Billing Office Guidelines for Medicaid Reimbursable BabyNet Services

Each Region is responsible for:

- A. Developing and documenting procedures for Service Coordinator and CBA provider submission of billing information to third party billing for processing and entering required billing information into CBARS.
- B. Services for Medicaid recipients will be entered as billable services/units. Services provided to non-Medicaid children must be entered into CBARS as non-billable services/units.
- C. The following information must be entered into CBARS for all children:
 - 1. Diagnostic code.

Acceptable diagnostic codes include diseases or conditions likely to result in developmental delay. If no diagnostic code is available, one of the following should be used based on the reason for BabyNet referral.

code	reason for referral
315.31	Developmental speech or language disorder
315.9	Unspecified delay in development
783.40	Lack of normal physiological development unspecified
783.42	Delayed milestones
V40.1	Problems with communication
V41.0	Problems with sight
V41.2	Problems with hearing
V21.30	Low birth weight status
V79.3	Developmental handicaps in early childhood

- 2. Place of service code. These codes may include:

place code	place of service
12	Home
71	State or Local Public Health Clinic (any service at a health department)
99	Other (i.e., client's workplace, child care facility)
11	Office

- 3. Procedure code (*More detailed information in Section F "Billable Medical Services".*)

proc code	medicaid service
T-1017	Targeted Case Management (TCM)
T-1016	(Concurrent) Case Management (CM)

- 4. Program Code: BabyNet = 39

5. Units of services. Medicaid allows a *maximum* of 8 units per procedure code per provider per date of service for Targeted Case Management or Case Management.

If this limit is exceeded, excess units should be entered into CBARS as non-billable units.

- a. Staff ID number from PAIS system.
- b. Provider number: Until May 22, 2007 this will be DHEC01-DHEC46 depending on the county where services are provided. Effective May 23, 2007 the NPI number is to be used.
- c. Child's Identification number: For CBARS use the MCI # assigned by CARES
- d. Site number: Select site number based on county where service was provided.
- e. Authorization number where applicable. (See section C below.)

D. Prior authorization

1. Services rendered to a Medicaid recipient served through a Medical Home Network (MHN) or Physician Enhanced Program (PEP) require prior authorization from the physician's office.

Services provided through Health Maintenance Organizations (HMOs) are Medicaid fee-for-service. They do *not* require prior authorization.

2. When MHN or PEP prior authorization is required, service coordinator must:
 - a. Confirm the time period for which services are authorized. This is at the physician's discretion, but requests can be made for authorization period to cover the entire time the service will be needed. Whatever the authorization period, after that time has expired, *another* authorization is required.
 - b. Obtain subsequent authorization(s) as needed to assure that services are provided as listed on the IFSP.
 - c. Make sure that the regional Third Party Billing office gets the authorization number in order to include necessary information with Medicaid claims submissions.
3. If the physician refuses to authorize IFSP services, the contracted service provider should discuss need for the service with the physician if possible. If still unable to obtain authorization, the service provider should notify the child's Service Coordinator who will:
 - a. Try to contact the physician again; or
 - b. Contact the BabyNet Regional Consultant for further follow up with the MHN or PEP and resolution of the problem.

- E. The Service Coordinator is responsible for obtaining written consent to bill Medicaid for services. This consent is obtained using the BabyNet *Insurance/Resource Consent to Bill* form that will be maintained in the child's BabyNet record.

- F. Billable Medicaid Services

Unless otherwise noted, this section is based on the current DHEC contract with Medicaid for IDEA Part C (BabyNet) services and the Medicaid Early Intervention (EI) Service Provider Manual.

This section is organized according to terms used by DHHS/Medicaid. Where there are differences in terms used, the Part C/BabyNet “translation” is provided to minimize confusion.

- 1. Targeted Case Management (TCM)

Most of the reimbursable BabyNet services provided by DHEC staff *after* a child has been determined eligible for Part C services fall into this category. TCM services are provided to help defined populations (in this case children eligible for IDEA Part C services) to “gain timely access to the appropriate medical, social, treatment, educational, and other needed community services and programs that can best meet the individual needs of the child.”

- a. Description See TCM Summary Table below

- b. Medicaid Procedure Code: T-1017

- c. Reimbursement Rate \$26/15-minute unit

- d. Maximum Billable Units 8 per day

- e. PCAS Program Code 103

- f. PCAS Activity Code 200

- g. Recipients

Medicaid recipients under age three that meet BabyNet eligibility criteria may receive TCM services. Families cannot be billed directly for these services. BabyNet services to children or families not covered by Medicaid may not be restricted, reduced, or altered based on the DHEC contract with Medicaid for BabyNet services.

- h. Staff Qualifications

- (i) Master’s degree from an accredited university or college in social work, nursing or nutrition; or
- (ii) Bachelor’s degree from an accredited university or college in a human services field (social or behavioral), allied health, or special education; or
- (iii) Current SC licensure as a Registered Nurse.

- i. Credentialing Requirements

- (i) Service Coordinators must meet current BabyNet program criteria for the position.

- (ii) The BabyNet Service Coordinator cannot bill for services if he/she has not applied for the Infant-Toddler Credential. After application, the Service Coordinator is required to complete all credentialing requirements within two years. If Credential is not obtained within two years, no further billing is permitted. See BabyNet Policy and Procedure Manual.

j. Billable Activities

See TCM Summary table below.

k. Documentation

See BabyNet policy and procedure manual Section X, Documentation & Record Management.

l. Monitoring/Supervision Responsibilities

- (i) Each month, the Service Coordinator Supervisor must review a minimum of two files for each Service Coordinator supervised. This review is to determine if the needs of the child/family are being met, and to assess compliance with applicable BabyNet and Medicaid policies. Documentation must include findings and consultation with the Service Coordinator regarding improvement strategies, if required.
- (ii) Each quarter, the Service Coordinator Supervisor must observe at least one service coordination session with each Service Coordinator supervised. This activity must be documented by the supervisor quarterly and include findings and consultation with the Service Coordinator regarding improvement strategies, if required.

m. Documentation

Documentation guidelines contained in the body of the BabyNet Policy and Procedure Manual are consistent with Medicaid requirements. (See BabyNet Manual Section X, Documentation & Record Management.)

2. Concurrent Case Management (CM)

This service is rendered when a child receives *different* targeted case management services on the same day. DHHS will reimburse both providers, but one must be designated “primary” and the additional provider is designated “secondary.”

When DHEC staff are determined to be the “primary provider” services are billed under Procedure Code T-1017 using the guidelines described above. When DHEC staff are determined to be the “secondary provider” services are billed under Procedure Code T-1016. As soon as a DHEC intake or service coordinator learns that the child will receive TCM services from more than one agency on the same day, they must contact the other provider to jointly determine who will serve as “primary” and who will serve as “secondary” provider. This determination should be made prior to completion of services to be billed to Medicaid.

a. Description

See CM Summary Table below

b. Medicaid Procedure Code: T-1016

- c. Reimbursement Rate \$26/15-minute unit
- d. Maximum Billable Units 8 per day
- e. PCAS Program Code 103
- f. PCAS Activity Code 200
- g. Recipients
See Targeted Case Management.
- h. Staff Qualifications
See Targeted Case Management.
- i. Credentialing Requirements
See Targeted Case Management.
- j. Service Provider
See Targeted Case Management.
- k. Billable Activities
See CM Summary table below.
- l. Timeframe
See Targeted Case Management.
- m. Documentation
See Targeted Case Management.
- n. Monitoring/Supervision Responsibilities
See Targeted Case Management.
- o. Documentation
See Targeted Case Management.

Targeted Case Management Summary

Targeted Case Management (TCM) Summary

Medicaid Procedure Code:*	T-1017
Reimbursement Rate:*	\$26 / 15-minute Unit
Maximum Units per Day*	8
PCAS Program Code:	103

* Medicaid will reimburse DHEC for the services described in the table. Reimbursable services reported to regional third party office as “billable”. Services required by BabyNet, but not reimbursable are reported as “non-billable”.

Targeted Case Management services (components listed in table below) are provided to help eligible children gain timely access to the appropriate medical, social, treatment, educational, and other needed community services and programs that can best meet the individual needs of the child. Allowable activities are those that include assistance in accessing a medical or other necessary service, but do not include the direct delivery of the underlying service.

Medicaid Targeted Case Management Components	BabyNet Service	Billable*	PCAS activity code
1. The <u>assessment component</u> focuses on needs identification. Activities under this component include assessment of the eligible child to determine the need for any medical, educational, social, and/or other service. Specific assessment activities include taking the child's history, identifying the needs of the child; completing related documentation (i.e. other agency forms, schools) and gathering information from other sources such as family members, medical providers, and educators.	For children that meet BabyNet eligibility criteria		
	Conducting developmental, hearing and/or vision screening test.	Y	200
	Conducting assessment across five developmental domains using approved curriculum based developmental assessment (CBA) tool	Y	200
	For children that do not meet eligibility criteria or when eligibility undetermined		
	Conducting developmental, hearing and/or vision screening test.	N	200
	Conducting assessment across five developmental domains using approved curriculum based developmental assessment (CBA) tool	N	200

Targeted Case Management Summary

Medicaid Targeted Case Management Components	BabyNet Service	Billable*	PCAS activity code
<p>2. The <u>care planning component</u> builds on the information collected through the assessment phase. Activities include ensuring active participation of the eligible child, working with the child and others to develop goals and identifying a course of action to respond to the assessed needs. The goals and objectives in the care plan should address medical, social, educational, and other services needed by the Medicaid child.</p>	<p>Reviewing and/or compiling documents as part of the six-month IFSP review.</p> <p>Periodic family contacts (telephone or face-to-face) to discuss issues related to progress on outcomes included on IFSP.</p>	Y	200
<p>3. The <u>referral and linkage component</u> includes activities that help link eligible children with medical, social, and educational providers and/or other programs and services. For example, making referrals to providers for the needed services and scheduling appointments.</p>	<p>Activities related to transition from IDEA Part C/BabyNet to pre-school services including: planning and participating in transition conferences; arranging transition referral.</p> <p>Conferences with family or providers to identify appropriate providers, make appointments, transfer records, or other activities directly related to obtaining BabyNet services.</p> <p>Preparing, completing and following up on transition referral from BabyNet to LEA, Head Start or other pre-school service providers.</p> <p>Preparing for and/or participating in BabyNet transition conference with family.</p> <p>Preparing for and/or participating in BabyNet transition conferences with LEA or Head Start agency.</p>	Y	200

Targeted Case Management Summary

Medicaid Targeted Case Management Components	BabyNet Service	Billable*	PCAS activity code
4. The <u>monitoring/follow-up component</u> includes activities and contacts necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible child. The activities and contacts may be with the eligible child, his or her family members, outside service providers, and other entities. Activities may be as frequent as necessary to help determine whether services are furnished in accordance with the child's care plan, the adequacy of the services in the care plan, and changes in the needs and/or status of the child. This component includes making necessary adjustments in the care plan, and service arrangements with outside provider	On-going IDEA Part C/BabyNet service coordination activities.	Y	200
N/A	Travel time when required to complete any BabyNet service for children that meet BabyNet eligibility criteria.	N	200
N/A	Travel time when required for processing referrals to BabyNet prior to eligibility determination.	N	200
N/A	Time spent preparing for, providing or receiving training related to delivery of any BabyNet service.	N	200
N/A	Time spent completed required documentation of BabyNet services.	N	200

Targeted Case Management Summary

Concurrent Case Management (CM) Summary

Medicaid Procedure

Code: **T-1016**Reimbursement Rate: **\$26 / 15-minute Unit**Maximum Units per Day: **8**PCAS Program Code: **103**

Medicaid will reimburse DHEC for the services described in the table. Reimbursable services reported to regional third party office as “billable”. Services required by BabyNet, but not reimbursable are reported as “non-billable”.

Concurrent Case Management	BabyNet Service	Billable?	PCAS activity code
<p>Concurrent Case Management (CM) is provided to the eligible child with complex social and/or medical problems that require services of more than one case management provider or agency. Concurrent care shall be rendered to a child for which another provider has been designated the primary case manager. The concurrent care provider will provide different, distinctive types of services from the primary case manager. The concurrent care provider must notify the primary case manager in a timely manner regarding:</p> <ul style="list-style-type: none"> ▪ Changes in the child and/or family situation; ▪ Needs, problems, or progress; ▪ Required referrals; and ▪ Program planning meetings 	<p>CM services are the same as those outlined for TCM.</p> <p>As soon as a DHEC intake or service coordinator learns that the child will receive TCM services from more than one agency on the same day, they must contact the other provider to jointly determine who will serve as “primary” and who will serve as “secondary” provider.</p> <p>This determination should be made prior to completion of services to be billed to Medicaid.</p> <p>CM services are the same as those outlined for TCM.</p> <p>As soon as a DHEC intake or service coordinator learns that the child will receive TCM services from more than one agency on the same day, they must contact the other provider to jointly determine who will serve as “primary” and who will serve as “secondary” provider.</p> <p>This determination should be made prior to completion of services to be billed to Medicaid.</p>	Same as for TCM	200

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POLICY: PUBLIC AND PRIVATE INSURANCE USE

- 1) Families whose children are enrolled under public or private insurance plans are required to use their child's benefits to assist in meeting the costs of covered BabyNet services and devices.
- 2) All qualified personnel are required to bill private insurance and Medicaid, when appropriate, prior to billing BabyNet. The only exceptions are interpreters, transportation contractors, paraprofessionals providing autism spectrum disorder treatment, and certain types of assistive technology.
- 3) The family, in cooperation with their insurance company, BN Service Coordinator and the service contractor, will verify insurance benefits for the BN Services listed on the IFSP.
- 4) If the service is not covered by private insurance, the contractor shall submit verification as part of the billing process. One or more of the following items must be obtained by the contractor as documentation of a valid insurance denial:
 - A) A written response from the insurance company which includes the child's name and a statement that indicates a specific service or services are not covered;
 - B) A written denial from the insurance company in the form of an Explanation of Benefits (EOB) that includes the child's name, the specific service(s) and the reason the service(s) were denied.
 - C) Online denials are acceptable if the following information is clearly indicated on the document: child's name, date of service, CPT/BN service code, duration of service, reason for denial, and cost of service.

Note: Verbal denials are not accepted.

- 5) If the BN Contractor obtains a valid denial stating a particular service is not covered under a child's insurance plan, the contractor may use that denial for up to one year from the date of service. A copy of this denial must be submitted to BN with each claim for that child and the specific service. If there are any changes in the child's insurance, a new EOB must be obtained. An EOB/denial is specific to the child and may not be used for other children covered under similar insurance plans.
- 6) As payor of last resort, ALL other resources must be maximized to cover the costs of services prior to utilizing BabyNet funds.
- 7) BN Service Coordinators are to inform families that if the child's Medicaid or private insurance coverage changes they are to notify the BN Service Coordinator immediately.

PROCEDURE: DETERMINING PROVIDERS

- 1.0 If the providers that are approved by the family's insurance network are not known to the family, the BN Service Coordinator will assist the family in obtaining a list of approved providers from the insurance carrier and verifying if any of those providers have contracts with BabyNet.

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- 1.1 It may be necessary to contact the insurance provider. Call the number on the family's insurance card. When the insurance company is reached, ask to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular services. Be prepared to provide the policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.
- 1.2 HMO (Health Maintenance Organization): The BN Service Coordinator will assist the family in identifying those providers who are approved by the family's HMO and have contracts with BabyNet. The family should be informed that, under certain circumstances, an HMO may make reimbursements to a provider not in its HMO network. Determination of benefits is established in cooperation between the family, insurance company, and the provider. A determination of reimbursement to a provider not in the HMO network is made with the same parties. If an HMO will not approve reimbursement to an out-of-network provider, that family will be required to accept services from an HMO provider in accordance with applicable BabyNet policies.
- 1.3 PPO (Preferred Provider Organization): The BN Service Coordinator will assist the family in identifying approved providers, specifically identifying those providers who are approved by the family's PPO and has a contract with BabyNet. The BN Service Coordinator will also advise the family that any of those listed providers would most likely be able to access the insurance, but an actual determination of benefits would be established in cooperation between the family, insurance company, and the provider.

PROCEDURE: CONTRACTOR RESPONSIBILITIES

- 1.0 The contractor must verify that IFSP services are a covered benefit under an insurance plan. There may be multiple plans. For example, vision related services may be covered in a separate policy.
 - 1.1 It may be necessary to contact the insurance provider. Call the number on the family's insurance card. When the insurance company is reached, ask to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular services. Be prepared to provide the policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.
 - 1.2 Contractors must ensure they have a current *BabyNet Payment Authorization* prior to providing services to an eligible child.
 - 1.3 Contractors are responsible for ensuring that BN funds are used only as a last resort after all other possible reimbursement options have been exhausted.

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MEDICAID/INSURANCE GUIDELINES

Insurance Guidelines				
Scenario	Acceptable Documentation	Action Required	Payor	Comments
A. Service NOT a covered insurance benefit.	1. Written statement from insurer and/or valid denial from insurer.	Provider supplies documentation for submission to BN fiscal agent with invoice.	1. Medicaid 2. BabyNet	
B. Medical necessity requirement.	1. Documentation of medical necessity in accordance with insurer/ Medicaid requirements.	Provider submits documentation in accordance with insurer/ Medicaid requirements.	1. Insurer 2. Medicaid 3. BabyNet	If insurer or Medicaid denies reimbursement after review of submitted material, provider submits valid denial and claim to BabyNet fiscal agent. If provider fails to submit required information, claims will not be reimbursed by BabyNet. This represents a failure to comply with insurance or Medicaid requirements.
C. Pre-Authorization or Pre-Certification required.	Insurer specific.	Provider submits documentation in accordance with insurer/ Medicaid requirements.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays after the Pre-Authorization/Certification has been approved. BabyNet pays only when claims are submitted with an attached valid denial from the insurer or Medicaid. Denial must not be for failure to obtain Pre-Authorization/ Certification.
D. Insurer limits number of visits.	1. EOB documenting visits exhausted. 2. Written statement from insurer.	Provider submits documentation to BN fiscal agent along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays for the pre-established number of visits. Where additional visits are available if authorized by the insurer, the provider must submit required information. BabyNet pays for required services after the established number of insurer visits or Medicaid benefits have been exhausted.

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Insurance Guidelines

Scenario	Acceptable Documentation	Action Required	Payor	Comments
E. Maximum payable amount met.	1. EOB denying reimbursement based on maximum payable amount met. 2. Written statement from insurer.	Provider submits documentation to BN fiscal agent along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays up to their pre-established maximum amount payable. If insurer has paid maximum and child does NOT have Medicaid, BabyNet funds may be used for required IFSP services.
F. Insurance deductible applies.	EOB denying reimbursement because deductible has not yet been met.	Provider submits documentation to BN fiscal agent along with claims.	1. Medicaid 2. BabyNet	If no Medicaid, BN will pay for the service up to the BN rate. The provider will waive any remaining outstanding amount related to the service.
G. Insurance copayment applies.	EOB indicating copayment.	Provider submits documentation to BabyNet along with claims.	1. Insurer 2. Medicaid 3. BabyNet	COPAYMENT IS NOT COLLECTED BY PROVIDER. If no Medicaid, provider will waive insurance copayment if insurance reimbursement is equal to or greater than the BN rate.
H. Co-insurance applies.	EOB indicating co-insurance.	Provider submits documentation to BabyNet along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Provider will waive co-insurance if insurance reimbursement is equal to or greater than the BN rate. If insurance amount is less than the BabyNet rate, BabyNet will pay for the service up to the BN rate.
I. Requires network provider that does NOT have a BabyNet contract.	1. Written statement from insurer. 2. BN Service Coordination notes of conversations with insurers including dates, times, names and phone numbers of people spoken with.	Refer to a provider with a DHEC/BabyNet contract.	1. Medicaid 2. BabyNet	BN SERVICE COORDINATOR TO OBTAIN PRIOR APPROVAL FROM BN CENTRAL OFFICE.

BabyNet Policy and Procedure Manual Appendix 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.04.00 Page No: 1 of 4
Sub-Section: Assistive Technology	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: ASSISTIVE TECHNOLOGY - CFR 303.12(d)(1)

- 1) Definition: Assistive technology means any item, piece of equipment or product system, whether acquired commercially off the shelf or modified or customized, that is used to increase, maintain or improve the developmental capabilities of children with disabilities.
 - A) Part C of IDEA deals only with assistive technology that is directly relevant to the developmental needs of the child. Assistive technology devices must assist the child in accomplishing IFSP goals/objectives within their everyday activities and routines.
 - B) IDEA specifically excludes services that are surgical in nature and devices necessary to control or treat a medical condition.
 - C) Equipment/devices must be developmentally appropriate to be considered eligible for funding.
- 2) Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:
 - A) The evaluation of the needs of a child with a developmental delay, including a functional evaluation of the child in the child's natural environment;
 - B) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with developmental delays;
 - C) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
 - D) Coordinating and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
 - E) Training or technical assistance for a child with developmental delays and that child's family or caregiver;
 - F) Training or technical assistance for professionals (including individuals providing BN Services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of children with disabilities.

QUALIFICATIONS:

- 1.0 Assistive technology assessments and services are conducted by SC Licensed/certified therapists and Licensed audiologists.
- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN Policies and Procedures even if not reimbursed directly by BabyNet.

BabyNet Policy and Procedure Manual Appendix 5	
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Sub-Section: Assistive Technology	Effective Date: August 1, 2006
Procedure:	Revision Date: May 3, 2007

PROCEDURE:

- 1.0 An assistive technology assessment must be performed if the IFSP team (including the parent and appropriate professionals) feels that a device may be needed to achieve an IFSP outcome or goal. Information for the AT assessment may be available within current evaluation, assessment and intervention information.
- 2.0 The need for assistive technology devices or services must be assessed functionally within the context of the child's everyday activities and routines and included in the IFSP as an intervention in order to request funding.

Assessments must include:

Child's name, date of birth and diagnosis;

Brief description of child's current functional level (depending on details provided, more information may be requested);

Explanation regarding how the device, including each individual component, will be used during the child's everyday routines and activities and how it relates to outcomes on the IFSP;

Description of options available in the child's Natural Environment(s) that were tried and list results. For example, if a Kaye posterior walker is being requested, the justification must indicate that other options were tried (e.g., push toys) and list the results;

Indicate all other pieces of assistive equipment the child currently has, including equipment that is on order or being considered.

- 3.0 Obtaining Equipment:

- 3.1 The provider identifies an AT need through evaluation or ongoing assessment and informs the BabyNet Service Coordinator of the need.

- 3.2 The BN Service Coordinator convenes an IFSP meeting and if the IFSP team agrees with need, the AT is incorporated into the IFSP. BabyNet Service Coordinator will add the AT on BabyTrac with a Planned Begin Date of the date of the IFSP Review where the AT was identified as a need. Frequency, Duration, and Intensity are the same as the Early Intervention service most closely related to AT need. Setting is 'Home' as this is where the device will be most frequently used.

- 3.3 The BabyNet Service Coordinator compiles necessary documentation:

- a. Assistive Technology Request Form (Appendix);
- b. IFSP section related to AT and present levels of development
- c. Physician's order (when applicable);
- d. Assessment reflecting developmental need, identifying goals and objectives with the utilization of the recommended equipment/service;
- e. Picture and description of item including manufacturer pricing;
- f. If mail order, include a completed order form and copy of pages that list product(s).
- g. Completed 3203, BabyNet Service Fund Authorization.

Special Note: The Service Coordinator with the SC School for the Deaf and Blind will send hearing aide requests directly to the BabyNet Regional Consultant to obtain Baby Net Central Office approval. Once approved, the BabyNet Regional Consultant will respond via email to the SDB Service Coordinator. The SDB Service Coordinator will send all paperwork including the email from BabyNet Central Office to the Fiscal Agent to process the order.

All other requests from Service Coordinators will follow procedures listed below.

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- 3.4 BabyNet reserves the right to request the substitution of a less expensive item of comparable function if a substitution is deemed appropriate. Service Coordinators must make efforts to utilize BabyNet contracted providers in order to maximize SC Medicaid and private insurance and ensure that BabyNet is the payer of last resort.
- 3.5 The request, including all necessary information listed above is sent to the BabyNet System Manager for review. BabyNet System Manager reviews the required information and determines if the request is appropriate. If additional information is required, a memo of notification identifying what information is needed will be faxed or emailed to the child's BabyNet Service Coordinator. BabyNet System Manager contacts the BabyNet Regional Consultant via email for central office approval indicating that all of the required information is complete. Once request has been received, BabyNet Regional Consultant will review email recommendation and email response to the BabyNet System Manager within 10 days. If the item is approved for purchase, the BabyNet Regional Consultant will add the Actual Begin Date on BabyTrac as the date the AT is approved by BabyNet Central Office.
- 3.6 Once the email response approval is received by the BabyNet System Manager, all paperwork, including the email approval from BabyNet Central Office will be mailed to the Fiscal Agent. If the request is not approved, the BabyNet System Manager will notify the BN Service Coordinator of the review decision. BabyNet Service Coordinator must inform the family of the review decision.
- 3.7 Fiscal Agent will process the AT order and return a copy of the 3203 to the BabyNet Service Coordinator with the order date noted.

4.0 Services:

- 4.1 Listed below are items that are generally found appropriate by BabyNet upon submission of required information. Whether or not an item is covered depends upon the specific needs of the child and the justification for the device. The list below is not exhaustive.

Adapting Switch*	Hearing Aids
Adaptive Clothing*	Reciprocating Walking Brace
Adaptive Eating Utensil*	Specialized Walkers
Adjustable Prone Board/Stander	Speech Prosthetic Device
Ankle Foot Orthosis (AFO)	Tricycle Adaptation Kit
Artificial Voice	Two-Handled Cup*
Bath Seat	Velcro*
Battery Device Adapter*	Wedge
Communication Board	Weighted Spoon*
Corner Chair	Weighted Vest*
Gait-trainer	Wheelchair

*Typically not covered by insurance or Medicaid.

5.0 Special Considerations:

- 5.1 Assistive technology assessment services rendered by other qualified providers should be billed under the service description for the specific discipline.

BabyNet Policy and Procedure Manual APPENDIX 5	
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- 6.0 Limitations: The following are examples of devices or services that are generally not considered AT through BabyNet.
- 6.1 Equipment/services that are prescribed by a physician which are primarily medical in nature and not directly related to a child's developmental needs. Examples include but are not limited to helmets, oxygen, feeding pumps, heart monitors, apnea monitors, intravenous supplies, electrical stimulation units, etc.
 - 6.2 Devices requested for children 2 years, 9 months of age and over, as equipment requested during this time would not be available long enough to achieve identified outcomes;
 - 6.3 Equipment/services for which developmental necessity is not clearly established by the IFSP team;
 - 6.4 Equipment/services covered by another agency, third party payer or Medicaid;
 - 6.5 Equipment/services that are not included in the IFSP;
 - 6.6 Typical equipment, materials and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Examples include clothing, diapers, cribs, high chairs, car seats, infant swings, typical baby/toddler bottles, cups, utensils, dishes, etc. Toys that are not adapted, used by all children and are not specifically designed to increase, maintain, or improve the functional capabilities of children with disabilities include such examples as building blocks, dolls, puzzles, balls, and other play materials;
 - 6.7 Standard equipment used by qualified personnel in the provision of BN Services (regardless of the service delivery setting), such as therapy mats, tables, desks, etc.;
 - 6.8 Replacement equipment if original item has not been returned to BabyNet;
 - 6.9 The following AT is generally not covered.

Ball Bath	Car Seat
Batteries (except hearing aids)	Sensory Tunnel
Bolster	Stroller
Boppy Pillow	Swing
Computer/Software	Theraband
Exersaucer	Thera-putty
Highchair	Therapy Ball
Regular Baby Walker	Trampoline
Eyeglasses	Weighted Blanket
- 7.0 Returning Equipment: If an item is received and is determined by the IFSP team to not meet the child's needs, the item is to be returned so that appropriate equipment can be obtained.
- 7.1 The provider contacts the BN Service Coordinator about scheduling an IFSP meeting to discuss the appropriateness of the device;
 - 7.2 If determined by the IFSP team, equipment in question is returned to the vendor by the BN Service Coordinator;
 - 7.3 If a replacement item is needed, the BN Service Coordinator obtains the following information:
 - a. *Assistive Technology Request* form indicating new equipment and a comment about equipment returned;
 - b. If new item is significantly different from item returned, a new physician's order (when applicable) should be obtained;
 - c. Picture and description of new item including manufacturer pricing;
 - d. Verification from the vendor of return and funding status of the original item;
 - e. If mail order, include a completed order form and copy of pages that list product(s).

Assistive Technology Fee Schedule – August 22, 2005

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
C1500	Adaptive , utensil, feeding	Y	N	N/A	2/1095	Weighted or built up fork or spoon
C1510	Adaptive, cup, nose	Y	N	N/A	2/365	
C1599	ADL/Adaptive, miscellaneous	Y	Y	N/A	Calculated Manually	
E0135	Walker, folding pickup	Y	Y	\$67.86	1/365	
E0143	Walker, folding, wheeled	Y	Y	\$95.06	1/365	
L1902	Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment, each	Y	Y	\$55.65	2/365	
L1904	Ankle foot orthosis, molded ankle gauntlet, custom fabricated, each	Y	Y	\$318.58	2/365	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated, each	Y	Y	\$236.84	2/365	
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment, each	Y	Y	\$160.27	2/365	
L1940	AFO, plastic or other material, custom fabricated	Y	Y	\$362.19	2/365	
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated, each	Y	Y	\$375.52	4/365	
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated, each	Y	Y	\$555.41	4/365	
L1980	AFO, single upright, free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated, each	Y	Y	\$248.64	2/365	
L1990	AFO, double upright, free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated, each	Y	Y	\$319.46	2/365	
L2040	Hip-knee-ankle-foot orthosis (HKAFO) torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated, each	Y	Y	\$123.72	2/365	
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated, each	Y	Y	\$329.50	2/365	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated, each	Y	Y	\$121.48	2/365	

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated, each	Y	Y	\$287.84	2/365	
L2200	Addition to lower extremity, limited ankle motion, each joint	Y	Y	\$32.21	8/365	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Y	Y	\$52.27	8/365	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Y	Y	\$60.01	8/365	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment, each	Y	Y	\$51.98	4/365	
L2240	Addition to lower extremity, round caliper and plate attachment, each	Y	Y	\$51.98	4/365	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment, each	Y	Y	\$240.73	4/365	
L2270	Addition to lower extremity varus/valgus correction ("T") strap, padded/lined or malleolus pad, each	Y	Y	\$36.39	4/365	
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined, each	Y	Y	\$88.52	4/365	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section, each	Y	Y	\$58.83	2/365	
L2999	Lower extremity orthosis, not otherwise specified	Y	Y	\$103.05	4/365 days	
L3800	Short Opponens	Y	Y	\$138.27	2/365 days	
L3805	Long Opponens	Y	Y	\$221.10	2/365 days	
L3999	Upper limb orthosis, not otherwise specified	Y	Y	\$38.56	4/365 days	
X1934	Feeder Seat, any size	Y	Y	\$280.42	1/1095	
E1399-HA	Floor Sitter, any size	Y	Y	\$321.66	1/1095	
X1942	Bath Chair	Y	Y	\$354.00	1/1095	Chair, bath support
X1955	Corner Chair	Y	Y	\$281.00	1/1095	
V5090	Handling/Dispensing Fee, Unspecified hearing aid	N	N	\$4.38	6/365 days	
V5275-RT V5275-LT	Ear Impression (not disposable) RT = Right, LT = Left	N	N	\$19.90	6/365	
V5265	RT & LT Ear mold insert, disposable any type	N	N			
V5267	Hearing Aid Supplies	Y	N	Cost	1/1095	Cost

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
V5030	Hearing Aid Monaural, Body Worn, Air Conduction	Y	Y	Up to \$900.00	2 per ear/365 days	(Manufacturer list price plus S&H – V5267, manufacturer invoice required)
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction					
V5050	Hearing Aid, Monaural, in the ear					
V5060	Hearing Aid, Monaural, behind the Ear (CIC and ITC)					
V5011	Hearing Aid Orientation	N	N	\$17.68/hr	6/365	
V5014-000	Replace tubing or ear hook	N	N	\$05.00	N/A	
V5014-RT V5014-LT	Hearing Aid Repair(s) – RT = Right, LT = Left.	N	N	Actual cost total not to exceed \$154.00 (plus S&H- See V5267)	2/365 per ear	Manufacturer invoice required
W7170	Benik knee support	Y	Y	\$40.00	N/A	
W7171	Benik hand splint	Y	Y	\$32.57	N/A	
W7173	Benik vest	Y	Y	\$104.00	N/A	
V5266	Hearing aid, battery, any size, each	N	N	cost	24/365	
W8965	Walker, forearm support, attachment	Y	Y	\$66.33	N/A	

KEY:

HCPCS – Procedure code for item/service

Prior Authorization Indicator: N = No prior authorization required through BN Central Office
Y = Prior authorization required

Order Needed Indicator: N = No physician's order needed
Y = Physician's order needed

Maximum Price: Maximum allowable purchase price. If N/A is indicated, item is priced individually based on request submitted.

Maximum Qty/Days: If applicable, indicates the maximum quantity that may be dispensed within the number of day shown. Quantities that exceed maximum allowable quantity shown require prior authorization to BN Central Office.

Examples: Example of items that might be described by specific HCPCS code.

NOTE: FOR ITEMS NOT INCLUDED ON LIST THE S.C. MEDICAID MAXIMUM PRICE AND MAXIMUM QUANTITY/DAYS WILL BE USED WHEN APPLICABLE.

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.05.00 Page No: 1 of 3
Sub-Section: Audiology	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: AUDIOLOGY - CFR 303.12(d)(2)

- 1) Audiology services include:
 - A) Identification of children with auditory impairment using appropriate audiologic screening techniques;
 - B) Determination of the range, nature and degree of hearing loss and communication functions by use of audiological evaluation procedures;
 - C) Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss;
 - D) Attending IFSP meetings;
 - E) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation/training and other related services;
 - F) Provision of services for prevention of hearing loss;
 - G) Determination of the child's need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices;
 - H) Evaluating the effectiveness of assistive technology devices.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel include: Licensed Audiologists and/or Licensed Speech/Language Pathologists.
- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Protocol: The audiological evaluation (AE) consists of two steps: a hearing screening, and if indicated, a comprehensive diagnostic evaluation. The entire AE (both steps) may be completed within the initial appointment or may require additional appointments to obtain conclusive diagnostic information.

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- 1.1 Screening - Upon initial referral for audiology services, the child should receive a hearing screen and middle ear assessment, if indicated. If the child passes the screening, the child is discharged from audiological follow-up and results are reported in writing to the BN Service Coordinator.
- 1.2 If the child fails the screening, actions might include:
 - a. Referral for medical evaluation (not covered by BN) with re-evaluation after treatment;
 - b. Proceed with comprehensive audiologic diagnostic evaluation.
- 1.3 Comprehensive Diagnostic Evaluation - A comprehensive audiologic diagnostic evaluation should be performed using BabyNet approved billing codes. If the outcome indicates normal hearing, the infant is discharged from audiological follow-up. Results should be reported in writing to the child's BabyNet Service Coordinator.

2.0 Special Considerations:

- 2.1 Children below the age of 21 who have any form of Medicaid **or** are below 250% of the Federal poverty level and have a hearing loss that requires amplification are eligible for Children's Rehabilitative Services (CRS). CRS will provide hearing aids for eligible children. CRS will also cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.
- 2.2 When the child is referred for audiological services, BabyNet will pay for:
 - a. One screening (if child passes);
 - b. OR one comprehensive audiologic diagnostic evaluation if child fails screening.
- 2.3 BabyNet does cover routine follow-up visits necessary to monitor a child at risk for progressive or delayed on-set hearing loss when this need is established by the IFSP team and incorporated into the child's IFSP.
- 2.4 Proof of the manufacturer's invoice price for hearing aids is required prior to BabyNet issuing reimbursement.
- 2.5 Any costs directly related to cochlear implant use, maintenance, and training is not covered.
- 2.6 BabyNet will not cost share the price of the hearing aid(s) or services. This means that the total cost of the hearing aids must not exceed the BN established rate.

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Procedure:	Revision Date: March 1, 2008

BILLABLE ACTIVITIES: AUDIOLOGY

Procedure Code	Description	Review Parameters	Unit of Service	Rate
92551	Screening test, pure tone, air only	N/A	Each	\$11.00
92552	Pure tone audiometry (threshold); air only	6 units/ 365 days	Each	\$15.49
92553	Pure tone audiometry; air and bone	N/A	Each	\$21.25
92555	Speech audiometry threshold	N/A	Each	\$10.50
92556	Impedance (tympanogram and acoustic reflexes)	6 units/ 365days	Each	\$11.58
92556-51	Speech audiometry threshold; with speech recognition	N/A	Each	\$18.00
92557	Hearing Evaluation (92553 + 92556)	6 units/ 365 days	Each	\$42.06
92557-52	Hearing Re-evaluation	6 units/ 365 days	Each	\$21.03
92567	Tympanometry	6 units/ 365 days	Each	\$18.49
92579	Visual Reinforcement Audiometry	N/A	1 test	\$18.00
92584	Electochleography	1 per implant	1 test	\$87.06
92585	Auditory evoked potentials for evoked response/audiometry (Diagnostic)	N/A	1 test	\$91.54
92585/52	Auditory evoked potentials for evoked response/audiometry	N/A	1 test	\$45.77
92587	Evoked otoacoustic emissions; limited (single stimulus level)	N/A	1 test	\$53.08
92588	Evoked otoacoustic emissions; Comprehensive	N/A	1 test	\$70.90
92590	Hearing aid examination & selection; monaural	6 units/ 365 days	Each	\$26.74
92591	Hearing aid examination & selection; binaural	6 units/ 365 days	Each	\$98.00
92592	Hearing aid check; monaural	6 units/ 365 days	Each	\$10.92
92592/52	Hearing Aid Recheck; Monaural	6 units/ 365 days	Each	\$9.23
92593	Hearing aid check; binaural	6 units/ 365 days	Each	\$40.00
92594	Electroacoustic evaluation for hearing aid; monaural	6 units/ 365 days	Each	\$12.50
92595	Electroacoustic evaluation for hearing aid; binaural	6 units/ 365 days	Each	\$25.00
92626	Evaluation of Auditory Rehabilitation Status	10 per year	1 test	\$75.35
X2034	Audiological consultation	6 units/ 365 days	Each	\$08.75

Review Parameters are based upon the accepted Medicaid guidelines, it is not expected that an IFSP team will exceed these parameters.

Note: BabyNet will not pay for any audiology services related to cochlear implant evaluation, maintenance, training or mapping.

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.06.00 Page No: 1 of 4
Sub-Section: Family Support	Effective Date: August 1, 2006
Procedure: Interpreter/Translator Services	Revision Date: December 1, 2007

SERVICE DESCRIPTION: INTERPRETER/TRANSLATOR SERVICES

- 1) The role of the interpreter/translator is to facilitate communication between BN providers and the family when they do not speak the same language.

These services may be required during the rendering of BabyNet services in order to communicate with the child and family.

Interpretation refers to the restating in one language of what has been said in another language. Interpretation involves conveying both the literal meaning and connotations of spoken and unspoken communication.

Translation refers to putting the words of one language into another language, particularly in written form.

QUALIFICATIONS:

- 1.0 Must be at least 18 years of age.
- 2.0 Successful completion of DHEC agency interpreter testing and training, within one calendar year of contract initiation, which includes, but is not limited to:
 - 2.1 Demonstrating expressive and receptive skills and ethics of interpreting and translating;
 - 2.2 Documented evidence of testing levels of skills of both languages and command of the specialized terms and concepts relevant to encounters for which they will be providing interpreter and/or translator services;
 - 2.3 Demonstrating knowledge and understanding of Interpreter/Translator Code of Responsibility;
 - 2.4 Demonstrating knowledge and understanding of effective communication styles of (Limited English Proficiency) LEP population for which they are providing interpreter or translation services.
 - 2.5 Demonstrating Knowledge of small text Translation
- 3.0 If a provider fails the testing or training, their Provider Contract will be terminated immediately. The Provider may then retake the test or the training. If the Provider becomes qualified the contract may be reinstated.
- 4.0 Exemptions: Documentation of the following will be accepted as an exemption from the DHEC testing and training as indicated:

Federal Court Interpreter Certification (exempt test and training);
Peace Corps Scores (exempt testing only);
American Translator Association Certification (exempt testing only).
- 5.0 Interpreters for the deaf must show evidence of being approved by the S.C. Association of the Deaf; National Registry of Interpreters for the Deaf; or have satisfactorily completed training offered through the South Carolina School for the Deaf and the Blind.
- 6.0 Interpreters must have a contract with DHEC/BabyNet unless providing services through a state agency.
- 7.0 Any contracted Provider that subcontracts with individuals to provide interpreting services is required under the BabyNet Provider Contract to receive permission from BabyNet Provider Relation's Office prior to the subcontractor providing services. BabyNet Provider Relation's Office must be informed of the subcontractor's information by using the BabyNet Change of Information Form. If the agency directly employs an interpreter, BabyNet Provider Relation's Office must be notified of the individual's name and

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address prior to the employee providing BabyNet services. Both subcontractors and employees will be required to meet the DHEC qualification requirements within the one year period.

***RESPONSIBILITIES:**

- 1.0 Treating all information learned during the interpretation as confidential, not divulging any information obtained through my assignments, including but not limited to information gained through interviews or access to documents and other written materials.
- 2.0 Transmitting the message in a thorough and faithful manner, giving consideration to linguistic variations in both languages and conveying the tone and spirit of the original message. A word-for-word interpretation may not convey the intended idea. The interpreter/translator must determine the relevant concept and say in it language that is readily understandable and culturally appropriate to the listener.
- 3.0 During meetings, ask the BN provider and/or family to clarify unfamiliar or confusing words, terms, meanings, etc. The interpreter should not attempt to interpret when he or she is not clear about what is being said.
- 4.0 Explain cultural differences or practices to the provider(s) and clients when appropriate.
- 5.0 Interpret everything accurately, even if the interpreter/translator disagrees with what is being said or thinks it is wrong, a lie or immoral.
- 6.0 Not influencing the opinion of the client(s) by telling them or offering them advice as to what action to take during or after the interpreting/translating assignment.
- 7.0 Treat each client equally with dignity and respect regardless of race, color, gender, religion, nationality, age, political persuasion or life-style choice.
- 8.0 Suggest that the BN providers use the same interpreter for all their interactions to promote interpretation consistency and to reduce potential interpreter distortions.

Note: Interpreter's are qualified to translate written text from one language to another only if they have passed the small text translation section of the training.

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PROCEDURE: INTERPRETER/TRANSLATOR SERVICES

Sign language interpretation services may be requested through the South Carolina School for the Deaf and the Blind, Division of Outreach Services. For these services, a *BabyNet Payment Authorization* is not required due to a DHEC/BabyNet contract. However, private contractors should be used first prior to requesting services through the South Carolina School for the Deaf and the Blind.

BabyNet Payment Authorizations must be issued in advance of the service being delivered.

- 2.1 The BN Service Coordinator completes the *BabyNet Payment Authorization* based upon the expected frequency and duration of services to be provided as listed on the IFSP.
 - 2.2 The provider's copies of the *BabyNet Payment Authorization* are given to the provider along with an *Interpretive Services Log* with the top portion of the log completed by the BN Service Coordinator.
 - 2.3 At the end of each service delivery session, the provider will ask the BN provider (i.e., early interventionist, therapist, etc.) for which interpretation is being provided to sign and verify the delivery of the interpretation service.
 - 2.4 At the end of the authorization period, the interpreter will mail a copy of the *BabyNet Payment Authorization* and the *Interpretative Services Log*, signed by the interpreter, to the BabyNet fiscal agent for reimbursement.
 - 2.5 If the service is an offsite service (i.e., telephone conversation, translation of the IFSP, etc.) the interpreter will list the BN provider requesting the service in the professional verification block on the *Interpretative Services Log*.
- 3.0 Should the need arise for rescheduling an appointment or for immediate communication with the family/caregiver, 30 additional minutes of offsite time per month will be available in addition to the frequency listed on the *BabyNet Payment Authorization*. The BN Service Coordinator does not have to add these minutes onto each *BabyNet Payment Authorization*.

LIMITATIONS:

- 1.0 Interpreter/Translator services are ONLY to be used in conjunction with BabyNet services listed on IFSP (e.g., interpretation during a physical therapy visit that is listed on the IFSP). Interpreters/Translators must be issued a *BabyNet Payment Authorization* by the BN Service Coordinator prior to providing any services.
- 2.0 BabyNet will not pay for interpreter/translator services for routine doctor's visits, visits to DSS or other agencies to apply for services, services during hospitalizations, etc.
- 3.0 Travel time to and from the site where the service is provided may not be counted as billable hours.
- 4.0 Interpreter/Translator services that would otherwise be provided at no charge to the family or bilingual interpretation by the same person rendering a BN service are not covered

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Procedure: Interpreter/Translator Services	Revision Date: November 1, 2006

BILLABLE ACTIVITIES: INTERPRETER/TRANSLATOR SERVICES

Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
T1013	Interpretation	Onsite (e.g., at place of BabyNet service)	12 units/1 day	15 minutes	\$10.00
T1013-D	Interpretation	Offsite (e.g., scheduling of appointments)	12 units/1 day	15 minutes	\$5.00
T1013-W	Written Translation	Onsite/Offsite	4units/1 day	15 minutes	\$7.00

Note: Billing for telephone calls to schedule visits may not exceed 15 minutes per call.

Written Translation can only be provided by small text qualified interpreters and may not exceed one hour.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.06.01 Page No: 1 of 2
Sub-Section: Family Support	Effective Date: August 1, 2006
Procedure: Transportation and Related Costs	Revision Date: November 1, 2006

SERVICE DESCRIPTION: TRANSPORTATION AND RELATED COSTS - CFR 303.12(d)(15)

- 1) Transportation services are services that are necessary:
 - A) To enable an eligible child and a member of the child's family to travel to and from the location where a BN service is to be provided; and
 - B) For the child's family to receive BN Services as documented in the IFSP.
- 2) Transportation costs include the cost of travel (mileage, taxi, common carrier or other means, bus) and other costs (tolls and parking expenses, etc.) necessary to ensure an eligible child and the child's family receive needed BN Services.
- 3) BN Service Coordinators should be aware of all possible transportation resources such as church vans, neighbors, family members and friends. Locating family/community resources to assist with transportation should be attempted prior to utilizing *BabyNet Payment Authorizations*.
- 4) Every possible effort should be made to provide services in the child's natural environments so that transportation is not required.
 - A) Since services must be provided in Natural Environments as appropriate to the child's needs, child and family transportation should not be necessary in most cases. As needed, transportation and related costs are to be included in the IFSP.

PROCEDURE:

Need for transportation services must be included in the child's IFSP as a requirement for achieving an outcome. It is the responsibility of the BN Service Coordinator to review policy number 05.05.01 and provide a copy to the parent when transportation and related costs are included in the IFSP. The BN Service Coordinator must also ensure that any transportation request meets these guidelines.

- 2.0 *BabyNet Payment Authorizations* must be completed prior to the service being provided.
 - 2.1 The BN Service Coordinator completes the *BabyNet Payment Authorization* based upon the expected frequency and total miles to be traveled during a month.
 - 2.2 The provider's copies of the *BabyNet Payment Authorization* are given to the parent along with a *BabyNet Transportation Log* with the top portion of the log completed by the BN Service Coordinator.
 - 2.3 Upon traveling to each service, the parent will ask the professional (i.e., therapist, audiologist, etc.) to sign and verify attendance at the service.
 - 2.4 At the end of the authorization period, the parent will mail a copy of the *BabyNet Payment Authorization* and the *BabyNet Transportation Log*, signed by the parent, to BabyNet Fiscal Agent for payment.
- 3.0 Families may receive an IRS 1099 form at the end of the year indicating the total amount of transportation expenses reimbursed. This income may be taxable and may affect eligibility for certain income based programs (e.g., Medicaid).

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LIMITATIONS:

When services are available in the child's Natural Environments (e.g., home or childcare setting), BabyNet will not pay for transportation services.

If Natural Environment providers are not available, BabyNet will pay for transportation to the closest available outpatient provider. If the parent/caregiver chooses another provider outside of BabyNet, BabyNet will not cover transportation expenses.

Children with Medicaid must use the Medicaid van or apply for a Medicaid driver.

Child must be in vehicle for mileage to be billed.

Child cannot be transported without a designated responsible adult.

6.0 Services not covered (list not exhaustive):

6.1 Transportation to childcare settings or center-based programs.

6.2 Transportation for sick visits or routine medical appointments.

6.3 Transportation if a parent/caregiver chooses not to secure services through the closest available provider.

Transportation to services not covered by BabyNet.

7.0 Reimbursement requests submitted in accordance with the guidelines stated above will be reimbursed at a rate of 30 cents per mile.

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.07.00 Page No: 1 of 2
Sub-Section: Health Services	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: HEALTH SERVICES - CFR 303.12(d)(4)

Health services means services necessary to enable a child to benefit from other BabyNet services during the time that the child is receiving the other BN service. Health services include:

- 1) Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.
- 2) It also includes consultation by physicians with other BN qualified personnel concerning the special health care needs of eligible children that will need to be addressed in the course of providing other BabyNet services. The physician or nurse practitioner must have provided recent and/or ongoing care to the child.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Health consultation is provided by a Licensed Physician or nurse practitioner.
- 2.0 All evaluation, assessment and IFSP services must be provided:

By qualified personnel having a contract with DHEC/BabyNet;
According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 These services are billed using the Nursing Services Procedure Codes in this guide or the Health Consultation Code listed on page 2.
- 2.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.
- 3.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

LIMITATIONS:

- 1) Consultation by physicians unfamiliar with a child and their IFSP are not covered, nor is medical diagnostic evaluation of unknown conditions or diseases.
- 2) Health services do not include the following:
 - 2.1 Services that are surgical in nature (i.e., cleft palate surgery, surgery for club foot, shunting of hydrocephalus, etc.);

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Sub-Section: Health Services	Effective Date: August 1, 2006
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- 2.2 Services that are purely medical in nature (i.e., hospitalization for management of congenital heart ailments, prescribing of medicine or drugs for any purpose, etc.);
- 2.3 Devices necessary to control or treat a medical condition;
- 2.4 Medical-health services (i.e., immunizations, “well-baby” care, etc.) that are routinely recommended for all children.

BILLABLE ACTIVITIES: HEALTH SERVICES - PRIOR AUTHORIZATION REQUIRED

Physician consultation regarding impact of the child's medical status on provision of EI services.

BN Procedure Code	Description	Review Parameters	Unit of Service	Rate
99361	Health Consultation	2 units/365 days	Each	\$30.00

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Sub-Section: Medical Services		Effective Date: August 1, 2006	
Procedure:		Revision Date: November 1, 2006	

SERVICE DESCRIPTION: MEDICAL SERVICES - CFR 303.12(d)(5)

- 1) Medical services are only for diagnostic or evaluation purposes to determine a child's developmental status and need for BabyNet Services.

Service includes a comprehensive history, physical examination and determination of the child's developmental status. A written statement from the provider confirming diagnosed condition and/or developmental delay and the need for BN Services is provided to assist in eligibility determination for BabyNet. If needed, prescriptions for BN Services (e.g., PT, OT, and ST) are provided. This service is available under the following two circumstances:

- A) When determining initial or continuing eligibility the child does not have an eligible diagnosis, verified developmental delay, or sufficient documentation to support the informed clinical opinion process.
- B) A child does not have a primary care physician or medical insurance and is therefore unable to access BN Services that require a medical prescription.

- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel include licensed physicians and pediatric or family nurse practitioners.
- 2.0 All evaluation, assessment and IFSP services must be provided:
- 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.
- 2.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

BILLABLE ACTIVITIES: MEDICAL SERVICES - PRIOR AUTHORIZATION REQUIRED

BN Procedure Code	Description	Review Parameters	Unit of Service	Rate
99202	Medical Services	1 unit/365 days	Each	\$50.00

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.09.00 Page No: 1 of 2
Sub-Section: Nursing	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: NURSING - CFR 303.12(d)(6)

- 1) Nursing services include:
 - A) The assessment of the child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - B) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development required nursing care during the time the child is receiving other BN Services;
 - C) Administration of medications, treatments, and regimens prescribed by a licensed physician required during the time the child is receiving other BN Services; and
 - D) Family training and education.
- 2) Does not include hospital or home health nursing care required due to surgical or medical intervention or medical-health services such as immunizations and regular well-baby care that are routinely recommended for all children.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

Qualified personnel include licensed registered nurses.

- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Children in need of covered nursing services should be referred to Home Health or appropriate Nursing Provider.
- 2.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.

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- 3.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

BILLABLE ACTIVITIES: NURSING - PRIOR AUTHORIZATION REQUIRED

Billable activities include evaluation/assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
T1001	Evaluation/Assessment	Non-NE	24 units/180 days	15 minutes	\$11.39
T1001-D	Evaluation/Assessment	NE	24 units/180 days	15 minutes	\$14.73
W8752	Nursing Services	Non-NE	64 units/30 days	15 minutes	\$11.39
W8753	Nursing Services	NE	64 units/30 days	15 minutes	\$14.73
*W8770	IFSP Meeting/Consultation ^{Team}	N/A	8 units/60 days	15 minutes	\$11.39

* See policy number 05.19.00 for billing procedures.

NE = Natural Environment

Non-NE = Non-Natural Environment

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.10.00 Page No: 1 of 2
Sub-Section: Nutrition	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: NUTRITION - CFR 303.12(d)(7)

- 1) Nutrition services include conducting individual assessments in:
 - A) Screening to determine need for nutritional services
 - B) Nutritional history and dietary intake;
 - C) Anthropometric, biochemical, and clinical variables;
 - D) Feeding skills and feeding problems; and
 - E) Food habits and food preferences.
- 2) Developing and monitoring appropriate plans to address the nutritional needs of children based upon individual assessment.
- 3) Making referrals to appropriate community resources to carry out nutritional outcomes.
- 4) Nutrition providers do not provide evaluation/assessment services to determine eligibility for BabyNet services.
- 5) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 6) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 7) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

Qualified personnel include registered dietitians.

- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Children in need of nutrition services should be referred to DHEC Family Support Services (FSS).

**BabyNet Policy and Procedure Manual
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 Section: BabyNet Service/
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Sub-Section: Nutrition

Effective Date: August 1, 2006

Procedure:

Revision Date: November 1, 2006

BILLABLE ACTIVITIES: NUTRITION

Billable activities include assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
97802	Nutrition Services	Non-NE	64 units/30 days	15 minutes	\$11.39
W8762	Nutrition Services	NE	64 units/30 days	15 minutes	\$14.73
W8772	Assessment	Non-NE	24 units/180 days	15 minutes	\$11.39
W8773	Assessment	NE	24 units/180 days	15 minutes	\$14.73
*W8774	IFSP Team Meeting/Consultation	N/A	8 units/60 days	15 minutes	\$11.39

* See policy number 05.19.00 for billing procedures.

NE = Natural Environment

Non-NE = Non-Natural Environment

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.11.00 Page No: 1 of 3
Sub-Section: Occupational Therapy	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: OCCUPATIONAL THERAPY- CFR 303.12(d)(8)

- 1) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, play, sensory motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings and include:
 - A) Identification, assessment, intervention, family training, education and support;
 - B) Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
 - C) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability; and
 - D) Family training and education.
- 2) Activities also include IFSP meetings, assistive technology assessment, if needed, and environmental consultation to ensure appropriate adaptations and safety issues for the eligible child are incorporated.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel are licensed occupational therapists or occupational therapy assistants. Assistants must be under the direction of a licensed occupational therapist pursuant to state licensure regulations.
- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Services should be provided with the parent or other primary caregiver present and actively involved.
- 2.0 Therapist must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.

BabyNet Policy and Procedure Manual APPENDIX 5	
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- 3.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.
- 4.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

LIMITATIONS:

- 1.0 Aquatic (97113), hippo, and massage therapy (97124) are not covered services.
- 2.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.
- 3.0 Direct service should never be provided without consultation to family members, caregivers and other team members.
- 4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside BabyNet.

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Sub-Section: Occupational Therapy	Effective Date: August 1, 2006
Procedure:	Revision Date: December 1, 2007

BILLABLE ACTIVITIES: OCCUPATIONAL THERAPY

Evaluation/assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
97003	97003	Evaluation	2 units/365 days	Each	\$76.15
97150	97150	Therapeutic procedure(s) group	4 units/per day	15 minutes	\$16.47
97530	97530	Individual Services	4 units/ per day	15 minutes	\$26.49
99241-GO	99241- 99245 (Use modifier GO)	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$15.00

** See policy number 05.19.00 for billing procedures.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.12.00 Page No: 1 of 3
Sub-Section: Physical Therapy	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: PHYSICAL THERAPY - CFR 303.12(d)(9)

- 1) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
 - A) Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
 - B) Family training and education;
 - C) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - D) Providing individual and consultative services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- 2) Activities also include IFSP meetings and assistive technology assessment, if needed and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel are licensed physical therapists or physical therapy assistants. Assistants must be under the direction of a licensed physical therapist pursuant to state licensure regulations.
- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Services must be provided with the parent or other primary caregiver present and actively involved.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.12.00 Page No: 2 of 3
Sub-Section: Physical Therapy	Effective Date: August 1, 2006
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- 2.0 Therapists must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.
- 3.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.
- 4.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

LIMITATIONS:

- 1.0 Aquatic (97113), hippo, and massage therapy (97124) are not covered services.
- 2.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.
- 3.0 Direct service should never be provided without consultation to family members, caregivers and other team members.
- 4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside BabyNet.

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Sub-Section: Physical Therapy	Effective Date: August 1, 2006
Procedure:	Revision Date: July 1, 2008

BILLABLE ACTIVITIES: PHYSICAL THERAPY

Evaluation/assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
97001	97001	Evaluation	2 units/365 days	Each	\$71.61
97110	97110	Individual Services	4 units/ per day	15 minutes	\$26.49
97150-GP	97150-GP	Therapeutic procedure, Group	4/units per day	15 minutes	\$16.47
99241-GP	99241- 99245 (Use modifier GP)	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$15.00

** See policy number 05.19.00 for billing procedures.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.13.00 Page No: 1 of 2
Sub-Section: Psychological Services	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: PSYCHOLOGICAL SERVICES - CFR 303.12(d)(10)

- 1) Psychological and other counseling services include:
 - A) Administering psychological and developmental tests and other assessment procedures to determine the need for psychological services;
 - B) Interpreting assessment results;
 - C) Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development;
 - D) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs; and
 - E) Family training.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes. Services are provided with the intent to reasonably improve the child's ability to benefit from BabyNet services or to address a specific child related issue included in the IFSP.
- 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel include: a) Licensed Clinical Psychologists; b) Licensed Clinical Professional Counselors; c) Licensed Marriage and Family Therapists.

All evaluation, assessment and IFSP services must be provided:

By qualified personnel having a contract with DHEC/BabyNet;

- 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Upon identifying a need for psychology services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Regional Consultant.
- 2.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Regional Consultant will return the *BN Payment Authorization* form to the BN Service Coordinator.
- 3.0 If the child has Medicaid, BabyNet Regional Consultant will issue a SC Department of Health and Human Services Form 252 to the provider.

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.13.00 Page No: 2 of 2
Sub-Section: Psychological Services	Effective Date: August 1, 2006
Procedure:	Revision Date: December 1, 2007

LIMITATIONS:

- 1.0 When requesting psychological testing, evaluation, and treatment BabyNet Central Office must give prior authorization.

BILLABLE ACTIVITIES: PSYCHOLOGICAL SERVICES - PRIOR AUTHORIZATION REQUIRED

Billable activities include evaluation, assessment, IFSP meetings and IFSP services.

BN Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
96100	96101	Psychological Testing/Evaluation	20 units/1095 days	30 minutes	\$30.00
99401	99401	Individual Services	2 units/1 day	30 minutes	\$30.00
**99241	99241	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$10.00

** See policy number 05.19.00 for billing procedures.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.14.00 Page No: 1 of 2
Sub-Section: BN Service Coordination	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: BN SERVICE COORDINATION - CFR 303.12(d)(11)

- 1) BN Service Coordination is an active, ongoing process provided to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through BabyNet. The responsibilities of the BN Service Coordinator include:
 - A) Contacting the enrolled child/family at least one time per month;
 - B) Coordinating the performance of initial evaluation and annual assessments;
 - C) Facilitating and participating in the development, review and evaluation of IFSP plan in accordance with the BN Policies and Procedures. This includes IFSP updates, six (6) month reviews and the annual IFSP;
 - D) Assisting families in identifying credentialed and available qualified personnel with BN contracts;
 - E) Serving as the single point of contact in helping parents to obtain the services and assistance they need;
 - F) Coordinating and monitoring the delivery of services identified in the child's IFSP;
 - G) Informing families of the availability of advocacy services;
 - H) Coordinating all services across agency lines;
 - I) Helping families to access BabyNet services and other services identified in the IFSP such as WIC, housing, etc.;
 - J) Coordinating the provision of BabyNet services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child need or is being provided;
 - K) Facilitating the timely delivery of available services;
 - L) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;
 - M) Coordinating with medical and health providers, including sending them copies of their patient's IFSPs;
 - N) Facilitating the development and implementation of a Transition Plan to preschool or other services, if appropriate;
 - O) Maintaining the child's educational/BabyNet record;
 - P) Obtaining evaluation/assessment and six month summary reports from all providers who participate as a member of each child's IFSP team;
 - Q) Completing *BabyNet Payment Authorizations* in accordance with established procedures;
 - R) Assisting the family in understanding and accessing Medicaid and third party insurance;
 - S) Informing families of their rights and procedural safeguards; and
 - T) Entering or providing accurate information, in a timely manner, necessary to maintain current BabyTrac data.
- 2) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.14.00 Page No: 2 of 2
Sub-Section: BN Service Coordination	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

QUALIFICATIONS:

- 1) For specific qualifications, see policy 01.30.00.

AUTHORIZATION OF SERVICES: The BN Service Coordinator is responsible for:

- 1) Ensuring that *BN Payment Authorizations* are issued only as payor of last resort.
- 2) Ensuring that *BN Payment Authorizations* are written only to qualified personnel and distributed prior to services being delivered or rendered.
- 3) Ensuring that services being authorized are listed on the IFSP.
- 4) Ensuring that services requiring prior-authorization are submitted in a timely manner to BabyNet Regional Consultant prior to services being rendered.

BILLABLE ACTIVITIES: BN SERVICE COORDINATION

BN Service Coordination services are provided by BN Service Coordinators who are employed or sub-contracted through a BabyNet participating state agency. Individual providers are unable to bill fee-for-service for BN Service Coordination activities.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.16.00 Page No: 1 of 2
Sub-Section: Special Instruction	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

SERVICE DESCRIPTION: *SPECIAL INSTRUCTION - CFR 303.12(d)(13)

- 1) Special instruction includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction; and providing families with information, skills and support related to enhancing the skill development of the child; and curriculum planning, including the planned interaction of personnel, materials, and time and space, that lead to achieving the outcomes in the child's IFSP. These activities are coordinated with all other services (i.e., therapists) listed in the IFSP and provide assistance with acquisition, retention or improvement in skills related to activities of daily living.
- 2) Family training, education, and support are provided to assist the family of a child eligible for services in understanding the special needs of the child related to special instruction and enhancing the child's development. Special instruction focuses on teaching the parent/caregiver skills to enhance the child's development. Documentation in the child's file must support this focus.
- 3) Special Instruction Providers must use curriculum-based assessments (CBAs) to determine the child's strengths, unique needs and current level of development. The list of approved curriculum-based assessments can be found in Section 03.60.00 of this manual. In addition to these tools, the Responsive Teaching: Parent-Mediated Developmental Intervention curriculum is approved for communication and social/emotional development. Specific assessment responsibilities include:
 - A) Using the most appropriate assessment instruments to assess a child's developmental level;
 - B) Ensuring that the assessment is current, within 6 months, and updated as needed;
 - C) Ensuring the assessment includes:
 - Cognitive development;
 - Gross and fine motor development;
 - Communication;
 - Emotional and social development;
 - Adaptive/self-help skills;
 - Visual and auditory status.
 - D) Ensuring that provision of services directly relates to areas identified through the assessment in an outcome on the IFSP.
- 4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Personnel must meet qualifications detailed in policy 01.21.00.

*Note: Providers of special instruction are sometimes referred to as early interventionists (EI).

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.16.00 Page No: 2 of 2
Sub-Section: Special Instruction	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

BILLABLE ACTIVITIES: SPECIAL INSTRUCTION

Special Instruction services are provided by or sub-contracted through the South Carolina Department of Disabilities and Special Needs or the South Carolina School for the Deaf and the Blind.

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Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.17.00	Page No: 1 of 2
Sub-Section: Speech-Language Pathology	Effective Date: August 1, 2006	
Procedure:	Revision Date: November 1, 2006	

SERVICE DESCRIPTION: SPEECH-LANGUAGE PATHOLOGY - CFR 303.12(d)(14)

Speech-language pathology services include:

- A) Identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills;
 - B) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills;
 - C) IFSP meetings, family training and education; and
 - D) Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
 - 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
 - 4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel must be a Licensed Speech/Language Pathologist or Licensed Speech Assistant. Assistant must be supervised in accordance with state licensure regulations.
- 2.0 All evaluation, assessment and IFSP services must be provided:
 - 2.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

- 1.0 Services must be provided with the parent or other primary caregiver present and actively involved.
- 2.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.
- 3.0 Therapists must document adaptations and services provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.
- 4.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.17.00 Page No: 2 of 2
Sub-Section: Speech-Language Pathology	Effective Date: August 1, 2006
Procedure:	Revision Date: December 1, 2007

LIMITATIONS:

- 1.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.
- 2.0 Direct Service should never be provided without consultation to family members, caregivers and other team members.
- 3.0 Services will only be provided when intervention is necessary.
- 4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., car accident results in TBI and speech delays). Acute rehabilitative therapy is a medically based service outside BabyNet.

BILLABLE ACTIVITIES: SPEECH-LANGUAGE PATHOLOGY

Evaluation/assessment, IFSP meetings, and IFSP services.

Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
92506-HA	92506-HA	Evaluation	1 / per lifetime	Each	\$121.03
92506-52	N/A	Re-evaluation/Assessment	2 unit/365 days	Each	\$60.52
92507	92507	Individual Services	4 units/per days	15 minutes	\$28.79
92508	92508	Group Therapy/treatment of speech, language, voice, communication and or auditory processing	4 units/per day	15 Minutes	\$13.63
99241-GN	99241-GN	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$15.00

** See policy number 05.19.00 for billing procedures.

BabyNet Policy and Procedure Manual APPENDIX 5	
Section: BabyNet Service/ Reimbursement Guide	Procedure: 05.18.00 Page No: 1 of 2
Sub-Section: Vision	Effective Date: August 1, 2006
Procedure:	Revision Date: November 1, 2006

POLICY: VISION - CFR 303.12(d)(16)

- 1) Vision services include evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities and referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders.
- 2) Vision services include:
 - A) Orientation and mobility training for all environments;
 - B) Family training, education, and support;
 - C) Communication skills training;
 - D) Visual training;
 - E) Independent living skills training; and
 - F) Additional training necessary to activate visual motor abilities;
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

- 1.0 Qualified personnel include: Licensed Optometrists or Licensed Ophthalmologists.
- 2.0 Orientation and Mobility services may be provided by an individual who holds a current and valid certification in Orientation and Mobility from the Association for Education and Rehabilitation of Blind and Visually Impaired (AER). Orientation and Mobility services may also be provided through the South Carolina School for the Deaf and the Blind.
- 3.0 All evaluation, assessment and IFSP services must be provided:
 - 3.1 By qualified personnel having a contract with DHEC/BabyNet;
 - 3.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

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Sub-Section: Vision

Effective Date: August 1, 2006

Procedure:

Revision Date: December 1, 2007

BILLABLE ACTIVITIES: VISION

Billable activities with authorization include optometric examination, assessment, IFSP meetings and IFSP services.

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
92002	Intermediate medical exam/evaluation with initiation of diagnostic and treatment program, new patient	N/A	1 unit/1 day	Each	\$38.28
92004	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, new patient	N/A	1 unit/1 day	Each	\$121.42
92012	Intermediate medical exam/evaluation with initiation of diagnostic and treatment program, established patient	N/A	1 unit/1 day	Each	\$30.82
92014	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, established patient	N/A	1 unit/1 day	Each	\$89.85
92015	Determination of refractive state	N/A	1 unit/1 day	Each	\$05.00
T1024-000	Orientation and Mobility Evaluation/Assessment	Non-NE	8 units/lifetime	15 minutes	\$15.89
T1024-OTS	Orientation and Mobility Instruction	Non-NE	5 units/3x year	15 minutes	\$15.89
T1024-OTM	Orientation and Mobility Instruction	NE	Up to 30 Units/week	15 minutes	\$15.89

NE = Natural Environment

Non-NE = Non-Natural Environment

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POLICY: Autism Services

Children with Autism Spectrum Disorders (ASD) have significant impairments in the areas of socialization, communication and behavior. The purpose of providing early intervention services is to promote the child and family's ability to meet the developmental outcomes the family has chosen as their priorities in the Individualized Family Service Plan.

1. Applied Behavior Analysis is an appropriate service for many children with ASD. Interventions typically include three target areas.
 - A. **Behavior**
Inappropriate behaviors are a defining core characteristic of ASD and may include stereotypic behavior, aggression and disruptive behavior. Reducing inappropriate behaviors is often one of the highest priorities for parents and on of the first targets for interventions.
 - B. **Communication**
Communication is an important element in defining an ASD. Basic communication training for a child with autism often emphasizes functional use of language in everyday settings, nonverbal communication and social aspects of communication such as turn taking. Many behavioral techniques are used in teaching communication and language skills.
 - C. **Social Interaction**
Behavioral techniques are often applied to improve the child's social initiations and appropriate responses. Techniques may include prompting the child to respond appropriately and reinforcing reciprocal social interactions and responses particularly with other children.

All autism services must be provided in accordance with the Babynet Program Guidelines for Autism Treatment.

Qualifications:

Program Consultant:

- 1.0 Master's Degree or higher.
- 2.0 Two or more years of experience (tattalling at least 1500 hours) working with children with ASD under the direction of a Program Consultant.
- 3.0 Possess or apply for a S.C. Infant Toddler Credential.

Lead Program Specialist: (Minimum position requirements)

- 1.0 400 hours experience working under the supervision of a Lead Program Specialist or Program Consultant.
Basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.
- 3.0 Basic knowledge of autism spectrum disorders.
- 4.0 Able to train others in specific instructional techniques being used in the treatment program.
- 5.0 Able to motivate and interact effectively with young children.
- 6.0 Possess or apply for S.C. Infant Toddler Credential.

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Preferred Position Requirements:

- 1.0 Bachelor's Degree
- 2.0 800 hours of experience working under the supervision of a Lead Program
- 3.0 Specialist or Program Consultant.
- 4.0 Meets all minimum requirements.

Paraprofessional (Minimum position requirements)

- 1.0 At least 18 years old with a high school diploma
- 2.0 Demonstrates the ability to motivate and interact effectively with young children.
- 3.0 Basic knowledge of ASD.

Preferred position requirements

- 1.0 Meet minimum requirements and have a basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.

Procedure:

- 1.0 Children must have a confirmed diagnosis of PPD –NOS or autism by a qualified professional.
- 2.0 Upon identification of a need for services through the IFSP process, the BN Service Coordinator must contact the DHEC/BN office for assistance in authorizing the services. DHEC/BN staff are required to complete the authorization for ABA services.

Families will be provided a list of available providers. If they have no preference, a matrix will be used. Once a family has selected a provider, the family is responsible for arranging the initial workshop and recruiting the paraprofessional staff.

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BILLABLE ACTIVITIES: Autism Services

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
X001	Autism Initial Workshop	N/A	1 unit/ 1095 days	Each	\$1200.00
X200	Quarterly Reassessment	N/A	2 units/90 days	Each	\$600.00
X300	Paraprofessional Treatment	N/A	20 units/week	Each	\$8.00

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POLICY: IFSP TEAM MEETING

- 1) BN will pay for BN contracted providers to attend a child's Annual IFSP Meeting or, if required, an IFSP Review Meeting when conducted in accordance with IDEA. Part C regulations and BN Policies and Procedures.
- 2) Contracted providers attending the IFSP team meeting may bill for the time spent at the meeting in accordance with the BabyNet Service/Reimbursement Guide. Travel time to and from the meeting is not billable.

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POLICY: NON-BILLABLE SERVICES

This policy applies to all contracted providers except providers of special instruction and BN Service Coordination. For special instruction and BN Service Coordination providers, billable and non-billable activities are defined in each agency's policies and procedures in accordance with Part C of the Individuals with Disabilities Act (IDEA) regulations.

- 1) Anything not listed as a billable service in the document entitled "BabyNet Service/Reimbursement Guide";
- 2) Unauthorized services – All BN Services are pre-authorized. Providers should ONLY provide services when a current BabyNet Payment Authorization is in hand. Services provided prior to receipt of the authorization are not guaranteed for reimbursement;
- 3) Weekly or daily preparatory activities for direct service sessions;
- 4) Preparing claims to submit to BabyNet;
- 5) No shows;
- 6) Time spent on the phone with a parent who feels the need to talk about non-BabyNet related issues (family may need to be referred to a counselor);
- 7) Time spent helping the family to identify/access other services/resources that BabyNet does not pay for (e.g., housing, SSI). This service is the responsibility of the BN Service Coordinator;
- 8) Services over the frequency/intensity that have been identified as a need in the child's IFSP. If service needs require an increase in frequency or intensity, adjustments must be made to the IFSP prior to providing the increased service or billing BabyNet;
- 9) Services that fall within the frequency/intensity identified on a child's IFSP but were never documented in the child's chart/record or provided;
- 10) Time or transportation to attend a medical appointment with the family;
- 11) Time to collect medical documents or other written medical information from physicians, hospitals, nurses, etc. This is the responsibility of the BN Service Coordinator;
- 12) Interpretation for non BabyNet services;
- 13) Written translation of non-IFSP documents such as SSI applications, WIC applications, Medicaid applications, etc. This is provided by the sponsoring agency, not BabyNet.
- 14) Clerical duties such as scheduling/canceling appointments and notifying the provider of such, accessing voice mail, etc;
- 15) Attendance at an agency personnel meeting. BabyNet only pays for meetings attended as a member of a child's IFSP team;
- 16) Supervisory time;
- 17) Travel fees may not be billed if an IFSP service is not provided. For example, if personnel travel to a location; however, the service is not provided, the travel fee is not billable.;
- 18) Child's lunch/snack time, nap time, etc;
- 19) Time to attend an appointment with another service provider unless you are the interpreter for the provider/family; and
- 20) Services by personnel that do not have a BabyNet provider contract except when specifically approved by BabyNet Central Office.
- 21) Referral of children to BabyNet.

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1.0 INTRODUCTION

The focus of these guidelines is to help BN qualified personnel (e.g., evaluators, therapists, service coordinators, parents, early interventionists) and reviewers decide the most appropriate constellation of BabyNet services for an eligible child. Specifically, these guidelines will provide a clinical reasoning process to determine when OT, PT and ST can contribute to a child's participation in activities and routines that occur in home and community settings where the child and family spend time. This reasoning process is based on clinical research, when available, expert clinical opinion from representatives of the different disciplines who work with child development, and review of material used by Part C systems in other states.

To ensure that all eligible children and their families receive appropriate and quality services, a monitoring process is being developed for BabyNet. Reviewers will use these guidelines as one component of the monitoring process. These guidelines will also be used for training. It is the role of the therapist and IFSP team to justify the provision of therapy services under Part C using the guidelines below.

2.0 ROLE OF THERAPIST

BabyNet attempts to achieve outcomes which are important to the family for the development of their child. The family is the primary foundation that supports their child's development in all areas. In order for therapy to be successful, it is essential for families to be involved in the process of identifying desired outcomes and incorporating the use of meaningful interventions into their daily living activities. This means that an important goal of therapist-family collaboration is to support the child's participation in family routines, activities, and places including those that occur outside the home environment. Therapists must document adaptations and interventions provided in natural environments to the family/caregiver to support the child's attainment of outcomes listed in the child's Individualized Family Service Plan.

Parents and caregivers have the greatest opportunity to provide meaningful interventions for their children within the contexts of the routines and activities that children engage in throughout the day. These opportunities for intervention occur when families creatively adapt or integrate therapy suggestions into their child care methods and when therapists work collaboratively with families to design interventions that can be easily incorporated into family activities and routines. Intervention should be considered as a means of achieving the functional outcomes that have been determined by the Individualized Family Service Plan (IFSP) team. Specific strategies should be collaborative among therapists and interdisciplinary, avoiding unnecessary duplication of similar emphasis by multiple therapists. For example, an occupational therapist can provide specific recommendations to facilitate upper extremity performance to the physical therapist that can be incorporated into a single, comprehensive motor plan. In some circumstances, both therapies are needed to provide input about specific adaptations and interventions that contribute to identified outcomes. However, motor intervention with young children often involves non-specific strategies that are used by both disciplines.

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3.0 EVALUATION AND ASSESSMENT

Evaluations and assessments are two terms that are used in discussions regarding a child's development. They are often used interchangeably but they actually have different meanings within the context of Part C of the Individuals with Disabilities Education Act (IDEA) (CFR 303.322).

Evaluation in Part C under IDEA means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility including determining the status of the child in each of the developmental areas. Assessment means the ongoing procedures used by appropriate qualified personnel after the child's eligibility has been determined to identify the child's unique strengths and needs and to develop appropriate interventions to address those needs. Optimally, these interventions will be implemented by families and therapists within the context of family routines, activities and places in order to maximize opportunities for child learning and development.

The evaluation/assessment process should begin with an exploration of the family's specific concerns about their child and family and a discussion about their desired outcomes. The family's concerns and outcomes, coupled with the findings from the global evaluation, will determine the specific developmental areas that are in question, and the need for services or additional evaluations/assessments in those areas. In combination with assessment information about the family's routines, activities, and priorities, these developmental or discipline-specific evaluations/assessments are used to develop family-centered outcomes, functional goals, and specific intervention strategies.

Evaluation/assessment includes professional observation and interpretation of the quality of a child's performance of developmental tasks and how these are integrated into the daily routines of the family. This requires family participation throughout the evaluation/assessment process to ensure the therapists' observations are a meaningful reflection of the family's perspective.

Following the evaluation/assessment, an IFSP is usually developed with the required team members present to provide input. The IFSP must be reviewed every six months to assess progress in meeting the established outcomes. During this process, the expected outcomes will be reviewed to determine which services are warranted, and the frequency and duration of those services.

- 3.1 Evaluation/assessment reports must be provided within 10 working days and include:
 - a. Child's name and birth date;
 - b. Date of evaluation;
 - c. Name and discipline of evaluator;
 - d. For eligibility determination, evaluation reports must include the tests/methods used, the results of the tests/methods, including a level of delay and/or age equivalency in months for each domain that was tested and a narrative interpretation of the results;
 - e. Summary of the child's strengths and needs in any of the five developmental domains that were evaluated (adaptive, cognitive, communication, motor, and social emotional);
 - f. Recommendation for any further assessment in any of the five developmental domains listed above and rationale for that recommendation; and
 - g. Service recommended. Written justification of the need for the service and the anticipated contribution of that service to a functional outcome.

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4.0 DETERMINING IFSP OUTCOMES

- 4.1 Outcomes are not traditionally- written goal statements. Rather, they reflect the ideas of what the family views as most important for themselves and their child. The family may (or may not) view isolated improvements or changes in their child's developmental skills as most important at a particular point in time. Other needs or concerns may be more important. For example, a family may be concerned about their child's nutrition or about the baby's sleeping patterns. Or, a family's primary concerns may relate to finding quality child care, reasonable housing, or other issues which impact the child's developmental outcome but do not specifically target developmental skill acquisition.
- 4.2 Outcomes stated by families are more likely to focus on activities and routines (e.g., eat out at a restaurant, be able to participate in bath-time easily) than on isolated developmental skills such as sitting or walking, talking, performing self-care skills such as feeding self, etc. As such, family outcomes may target the context in which developmental skills are used and can be described as "functional" because the contexts require the use of developmental skills for a meaningful or functional purpose.
- 4.3 Outcomes, including those that focus on performance of isolated developmental skills, may not initially be stated in measurable ways. For example, a family is unlikely to state that they want their baby to wake up during the night only two times or to eat a nutritional meal at breakfast, lunch, and dinner. Families are more likely to state outcomes in global terms such as "sleep through the night" or "eat enough food." Similarly, families are likely to state outcomes such as "talk better," "walk," "eat at a restaurant," "not cry during church services," "be good at the grocery store," or "go to the playground." These global outcomes are translated by the IFSP team into steps. Outcomes are written in measurable terms.
- 4.4 All BN qualified personnel, including therapists, have the responsibility for communicating effectively with families so that providers understand what families mean and what they want to have happen. In this way, a global outcome statement such as "talk better" is translated into an outcome of "expressing wants in ways that other people understand." The outcome may then be broken down into steps such as "indicating a choice when presented with two choices" or "using words and gestures so that other people understand easily what (the child) wants."
- a. Use of open-ended questions. Asking families to describe what happens now and what they would like to see happen can be helpful. For example, if a family says they would like to be able to eat in a restaurant, asking an open-ended question such as "tell me what happens now" or "describe what happens when you take (the child) to a restaurant" can help provide a picture of what is going on within this context. Follow-up questions such as "what would you like to have happen" or "what needs to occur for this to go better or to happen more easily" can help the team determine what to target and how to begin to address issues. For example, if a family describes that the child slides out of the highchair and becomes uncomfortable and starts to cry, the therapist can begin to target improved

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positioning in a restaurant as an outcome and can define related steps. One step might relate to devising better ways for a child to be positioned when in a restaurant while a second step might target improved sitting balance or increased trunk tone, etc. – whatever component is identified as preventing the child from sitting well in standard restaurant equipment/chairs.

- b. Observational assessment. Sometimes it is difficult to fully understand a situation without being able to observe the specific situation. Therapists may need to accompany a parent and child, for example, to a restaurant to understand what happens when the child is within this context. In this case, the therapist's assessment would target those factors that facilitate the child's success, and those that inhibit or prevent the child's performance, in this environmental setting. Subsequent intervention would likely focus on consultative strategies, perhaps augmented by direct therapy, so that adaptations could result in immediate short-term success and longer term therapy remediation would lead to long-term success in the respective environmental setting.
 - c. Ecological inventories/Activity analyses. Environmental settings may need to be broken down into component parts. For example, an environmental setting such as a neighborhood playground, may be broken down into slides, swings, see-saws, merry-go-rounds, etc. Each of these sub-settings can then be analyzed in terms of what skills are required for participation. For example, a child would need to go to the swings, sit on (or be placed on) the swing, stay on the swing when being pushed, indicate when they no longer wish to swing, get off (or be taken off) the swing, go to another activity. The therapist can then analyze what the child is currently able to do and not do in relation to each of the steps identified through the activity analysis. The therapist can figure out adaptations that will make an activity, such as swinging, effective (or possible) immediately in the short-term and what skills need to be developed or practiced to make the activity effective in the long-term.
- 4.5 Meaningful conversations with families on an ongoing basis are necessary to ensure that the outcomes are actually being addressed and that they continue to be important for the family. These conversations should occur at least at the six month and annual reviews of the IFSP. At these times, families should be asked whether the outcome is still important or whether revisions are necessary. Revisions may be necessary because the objectives have been attained or because the family no longer is interested in a particular outcome and/or wishes to state the outcome in a different way.
- 4.6 Families may state outcomes that may not match the expertise of a therapist. For example, moving to different housing, accessing health or social service resources such as WIC, obtaining respite care, or finding child care may not seem like outcomes for which therapists have particular expertise or which are billable through BabyNet. In these cases, therapists are responsible for notifying the child's BN Service Coordinator who can assist the family in addressing the identified needs.

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- 4.7 Some outcomes may not initially seem as though they may be addressed through the expertise of a therapist. However, therapists may have input to provide in order for the outcome to be addressed successfully. For example, if a family stated an outcome of finding child care, therapy consultation to the child care provider might be helpful to ensure that the provider was knowledgeable about both the child's needs and ways of addressing those needs. Additionally, therapy expertise might be necessary to ensure that a child could participate in the activities taking place in the child care setting. A therapist might do an assessment in order to identify needs for adaptive equipment or to make suggestions for adapting activities or the materials used in those activities.

5.0 THERAPY INTERVENTION OPTIONS

- 5.1 Direct intervention involves the therapist providing one-on-one interaction with the child and family or with a small group of children. Direct intervention is appropriate when specific approaches and techniques are needed to promote a child's attainment of a particular outcome. These techniques are individualized to the child and require the skills of a trained therapist to administer. In virtually all areas of therapy, direct intervention consists of various components, including:
- Promotion of opportunities for practice or refinement (e.g., teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently);
 - Remediation or work on improving the child's capacity to do a component of the skill through use of therapeutic techniques (e.g., stretching to improve range of motion, massage to free up joints, changing the environment, providing a sensory stimulus);
 - Expert alteration of the task (e.g., provision of adaptive equipment for mobility or self feeding);
 - Direct intervention provided with another service provider (e.g., collaborative intervention).

All of the intervention modalities depend on the therapists' expert understanding of the foundation of the task, ongoing observation of the response to intervention strategies, and varying the selection and use of intervention strategies depending on the response of the child. Direct intervention should never be provided without consultation to family members and other team members.

- 5.2 Consultation consists of an evaluation/assessment by a therapist with subsequent direction to the child's parents, caregivers, educators or other professionals, regarding activities or program modifications which can be incorporated into play, self care, and/or family routines and activities. Consultative interventions are designed to enable others to integrate intervention strategies into their interactions with the child and family to address issues that are identified. Consultation may be provided in conjunction with direct intervention or as a separate intervention. Consultation involves the therapist using his or her knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may involve directions for positioning, suggesting activities that promote the acquisition of certain functional skills, modifications to an existing program to improve endurance and speed, recommendations for orthotics, and/or making suggestions for environmental changes. Often, consultative intervention

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Can be provided when two interventionists work together with the family or through a meeting or phone discussion.

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Sub-Section: Therapy Guidelines

Effective Date: August 1, 2006

Procedure: Therapy Decision Process

Revision Date: November 1, 2006

1.0 DETERMINING NEED FOR THERAPY:

Children with developmental delays will generally follow one of three patterns:

- 1.1 Typical, with global delay (**typical/global**);
- 1.2 Typical with uneven severity of the delay (**typical/variable**); or
- 1.3 **Atypical**.

A child with global delay has delays that are relatively equal in all domains, in contrast to a child with a delay in one or more areas that is more severe than other areas. An example of a child with a typical/global delay is an 18 month old child whose motor, cognitive, social, and adaptive skills are at the 9 month level. An 18 month child whose motor, cognitive, social, and adaptive skills are at 12 months, while language skills are at 6 months is an example of a child with a typical/variable delay. These two scenarios are considerably different from the child whose development is not only delayed, but “atypical” or different in quality when compared with children of any age. Examples of atypical development include toe walking, scissoring of legs during ambulation, a persistent clenched fist or echolalia. The constellation of therapeutic services will be different for each of these children.

Many of the children in BabyNet do not have, and are not likely to have, a medical diagnosis or clear cause for delay. Therefore, many children with global developmental delays may not benefit from direct OT, PT, or ST. Other interventions and supports are available through BabyNet and through other federal, state, and community programs. All of these options should be addressed during the IFSP discussions to help the family understand the array of services which may be available to them.

The inclusion of specific therapies in the IFSP should never be based solely on the presence of a medical diagnosis or delay. For example, all children with cerebral palsy do not need PT just because they have cerebral palsy, and all children with language delays do not need ST just because they have a language delay. Therapy should be linked to specific family established outcomes, regardless of the underlying cause. An important point to remember is that intervention can be either direct or consultative, and occur at varying frequencies -- not just once or twice a week. There are many children who require therapeutic intervention, but only at periodic intervals.

Frequency of therapy should depend on the amount of time necessary for the family to incorporate new techniques into family routines and for the therapist to reevaluate or assess the child's response to therapeutic interventions. If the only time the child is performing functionally relevant therapeutic activities is during the session with the therapist, therapy is not likely to be beneficial and therefore not supported by BabyNet. To extend that premise, if the child is making progress at a rate that requires the therapist to vary the treatment and the home program monthly, multiple weekly visits are not supported by BabyNet.

In general, a need for therapy services depends on the answers to several questions.

- 1.1 Is a particular skill, like walking, delayed more than the child's general overall development (typical/variable)? If no, therapy is probably not indicated. If yes, is there a reason why (e.g., vision, hearing, poor endurance due to health problems, lack of movement, lack of strength, sensory problems, lack of opportunity to practice)? The answer to that “why” will indicate whether direct intervention may or may not be helpful.

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- 1.2 Are the prerequisites for that skill emerging or present? If so, are they typical? Examples of typical emerging or present prerequisites include: a child is not walking but can assume sitting and coming to stand or a child is not chewing but is munching and lateralizing the tongue. In these instances, direct intervention is likely not needed. If the prerequisite skills are not emerging, is there a reason why (e.g., vision, hearing, endurance, sensory problems, weakness, lack of opportunity to practice)? Can these areas be improved medically, by family education, or environmental change? Direct intervention may be helpful here. Is the major limitation lack of practice or lack of endurance? If so, consultation and development of a program to be carried out by early interventionists and caregivers may be more appropriate.

- 1.3 Is the reason for the lack of emergence of a skill remediable? If it is, then the focus should be on that remediation. Frequently, remediation is medical and outside the realm of BabyNet services (e.g., surgery, medications, injections, etc.). If, however, the reason for lack of development of a functionally important skill is remediable (e.g., lack of strength of an innervated muscle) then direct intervention is likely to be helpful. If not, therapy should be focused on a different means of establishing the function. For example, the focus of OT in a child with pervasive developmental disorder is to help the child tolerate and learn from sensory stimuli and therefore to be able to tolerate sensorimotor and social exploration, not to “normalize behavior.” If a child is not talking because they are profoundly hearing impaired, the focus of therapy will be on multi-modal communication. If the reason for the lack of development of a functionally important skill is remediable, then therapy is likely to be helpful.

- 1.4 The flow chart in the **Appendix** details the therapy decision process for BabyNet services.

- 1.5 In general, for a child to benefit from OT, PT and ST the following should be considered:
 - a. A child whose development is typical and globally delayed (typical/global) will probably not need extensive PT, OT, ST services. The functional outcomes for a child with global developmental delays can usually be met with a home activity program and periodic monitoring through consultation.
 - b. A child whose development is delayed with specific areas out of proportion from overall development (an uneven severity of the delay – typical/variable) will likely benefit from direct intervention and consultation in the domains of greater delay.
 - c. A child with atypical development will generally benefit from direct intervention and consultation in the atypical domain.
 - d. A child with a specific medical diagnosis will probably benefit from direct intervention and consultation, although the provision of services should be based on functional deficits and functional goals, and not only on the presence of a diagnosis.
 - e. A child who has delays based solely on the lack of experience or “immaturity” will probably benefit more from special instruction than from other services; although, consultation from a specific therapy service may be helpful in addressing specific issues or to provide examples of intervention strategies.
 - f. A child for whom any adaptation to a task or for whom adaptive equipment is being considered will probably benefit from consultative OT, PT, ST.

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- g. Direct intervention must be based on family-centered outcomes and functional goals. OT, PT, or ST is probably not indicated when the only outcome is nonspecific developmental progress or “age-appropriate” development.
 - a. Many children with delays in development can acquire competence through practice. Sufficient opportunities for practice are likely to occur not through direct therapy but through maximizing opportunities for using a particular skill within the activities and routines in which a child participates throughout a day. Opportunities for practice depend on individuals such as parents, child care personnel, or other people who spend a portion of time with a child during a day. For example, a child who is able to pull to standing or to stand is likely to acquire competence in these skills through practice. Opportunities for practice include “creating” opportunities, for example, for pulling to standing by holding toys (or other incentives up far enough that a child needs to pull to stand to get the incentive.) Therapists can help create these opportunities by working collaboratively with parents and other caregivers so they understand the importance of creating opportunities.

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POLICY:

Generally, professionals/programs (including special instruction/early intervention) are not obligated to make up that time when:

- 1) A family declines a scheduled service by calling to say that the child is ill or that they will be away;
- 2) A family is not home at the agreed upon day and time;
- 3) A family calls to change days/times at the very last minute.

Professionals/programs must document the reason that the family did not receive services that day in the continuation notes.

There may be some situations in which it would be reasonable and beneficial to try to reschedule a cancelled visit. For example, if a physical therapist is scheduled to visit a child once a month after the child has been to his monthly orthopedist appointment, but the orthopedist reschedules the child's appointment to two days later, then it is reasonable that the physical therapist also reschedule his/her visit.

If a visit must be missed due to the professional's absence and the service is listed on the child's IFSP or if a professional/program is proactively planning to provide services knowing that a team member will be absent due to illness, vacation, maternity leave, etc., programs should:

- 1) Offer to have some team members substitute for other team members;
- 2) Use someone else who is not usually a part of the child's team to substitute for someone who is part of the team;
- 3) Offer services on days, including weekends, when services are not normally provided.

There are other creative ways that professionals/programs can use to make-up services, the only three requirements are that in each case:

- 1) There is documentation that the family is in agreement;
- 2) BN Payment Authorizations are current and cover the make-up services;
- 3) The program does not "make up" for one type of service with another type of service that was not included on the IFSP.

BabyNet Policy and Procedure Manual
Appendix 5

 Section: BabyNet Service/
 Reimbursement Guide

Procedure: 05.50.00

Page No: 1 of 2

Sub-Section: Definitions

Effective Date: August 1, 2006

Procedure:

Revision Date: November 1, 2006

- 1) Authorization – Provider must have been issued a *BabyNet Payment Authorization* (DHEC 3203) before any service can be rendered.
- 2) Coinsurance - The dollar amount or percentage the policy holder pays. For example, with an "80/20 plan," the health plan would pay 80% of the bill and the policy holder would pay 20%. The 20% is the coinsurance.
- 3) Concerns – What the family members identify as needs, issues, or problems they want to address as part of the IFSP process.
- 4) Copayment – A fee paid for each doctor's office visit, medical service or prescription. For example, a health plan may have a \$10 copayment for doctor's office visits. This means that for every doctor's visit, the patient would pay just \$10.
- 5) Deductible - The amount of money the patient must pay before the health plan will pay its share. For example, a health plan with a \$250 deductible requires the patient to reach that amount before the health plan begins paying.
- 6) Direct service – Treatment services provided directly to an eligible child or an eligible child's family in accordance with their IFSP.
- 7) Documentation – A chronological written account kept by the provider of all dates of services provided to or on behalf of a child and family. This includes IFSP meetings time and the results of all diagnostic tests and procedures administered to a child. All documentation must be readable and understandable to families and to persons who will monitor or audit the provider's billing.
- 8) Evaluation – The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under BN, consistent with the state's definition of eligibility including determining the status of the child in each of the developmental areas listed in the state's definition.
- 9) HMO – Health Maintenance Organization – A commercial health insurance plan that relies heavily on a network of providers and will typically require documentation and a standardized process to cover providers outside the network.
- 10) IFSP meetings – Attendance at the initial/annual IFSP meeting as a member of a child/family service team to assist in the completion of a written document on the IFSP form detailing individualized outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies. This definition includes periodic review of a child's IFSP every six months or more frequently if conditions warrant or if the family requests such a review.
- 11) Medicaid – A federally assisted program to help with medical expenses of eligible low-income families. It is administered through the S.C. Department of Health and Human Services.

BabyNet Policy and Procedure Manual
Appendix 5

 Section: BabyNet Service/
 Reimbursement Guide

Procedure: 05.60.00 Page No: 2 of 2

Sub-Section: Definitions

Effective Date: August 1, 2006

Procedure: Appendix

Revision Date: November 1, 2006

- 12) Need – A condition or situation in which something is essential, necessary or required.
- 13) Outcome - A statement of the changes family members want to see for their child or themselves. Outcomes are written in a family-friendly manner that reflects the needs and priorities of the family. Outcomes must focus on useful skills and be measurable, containing criteria, procedures and timelines to help determine when the outcome is met.
- 14) PPO – Preferred Provider Organization – A commercial health insurance plan that contracts with a network of preferred providers but will reimburse at a lower rate for out-of-network providers.
- 15) Prior Authorization – Indicates that BabyNet Central Office must first approve the service in order for a BabyNet Payment Authorization to be valid.
- 16) Priorities – A family's choices and agenda for how BabyNet will be involved in the family life.
- 17) Private insurance – Group (HMO or PPO) – Group insurance is usually offered through an employer. The employer may purchase a policy from an insurance company or may administer its own (self-insured) plan. Coverage varies with each plan.
- 18) Private insurance – Individual (HMO or PPO) – Health insurance is purchased out-of-pocket directly from an insurance company to cover one or more members of a family. Coverage varies widely with each plan.
- 19) Provider - Any individual or group of individuals that provide a service such as physicians, hospitals, therapists, etc.
- 20) Resources – The strengths, abilities, and formal or informal supports that can be mobilized to meet the family's concerns, needs, or outcomes.
- 21) Review parameters – High end of the usual range of prescribed intervention for children receiving BabyNet services. If the IFSP team determines that BN Services are needed at a level above the customary review parameter, prior authorization must be submitted to BabyNet Central Office.
- 22) Valid denial – A written statement from an insurer or an EOB containing the child's name, specific service, date of service, and justification for denial.
- 23) Under the supervision of - Work performed under the guidance and direction of a supervisor who is responsible for supervision of the work and who plans work and methods.
- 24) Units of service – Procedures for determining units of service are the same as the established CMS/Medicaid guidelines.

BabyNet Form Codes

Exit Codes	
0	Deceased
1	Moved Out of State
2	Ineligible by Diagnosis or Testing (Referral ONLY)
3	Refusal of Services by Parent
4	Attempts to Contact Unsuccessful
5	Exit at 3, Part B Eligibility Not Determined
6	Exit at 3, Not Eligible for Part B, Exit with No Referrals
7	Exit at 3, Not Eligible for Part B, Exit to Other Programs
8	Exit at 3, Part B Eligible
9	Completion of IFSP Outcomes, Prior to Age 3
10	Non Consent (referral ONLY)
11	Exit at 3, No Referral to Part B – Parent Request ONLY
Late IFSP Reason Codes	
PR	Parent Request (e.g., child hospitalized, child ill, parent ill, scheduling conflict, death in family)
NC	Unable to Contact Family to Initiate IFSP
BN	BNSC Non-compliance (Did not schedule meeting timely, service coordinator unavailable, data not submitted to TECS or entered directly into BabyTrac, waiting for documentation)
Service Delay Reason Codes:	
PRO	Provider Not Available (child cannot be referred for service because there are no BN contracted providers)
NC	Unable to Contact Family to Obtain Consent to Initiate Service
PR	Parent Request (child hospitalized, child ill, parent ill, scheduling conflict, death in family)
EVAL	Waiting for Evaluation or Ongoing Service (e.g., child referred but provider has a waiting list; appointment scheduled but >30 days)
Funding Codes (Record all that apply)	
BN	BabyNet – Use if BN Payment Authorization is being issued for service.
CRS	Children's Rehabilitative Services (CRS)
DDSN	Department of Disabilities and Special Needs
FCP	Family Cost Participation – Use for Autism Services
MED	Medicaid
ORG	Private Organization/Agency
PRI	Private Insurance
PSI	Private Special Instruction Provider
SDB	South Carolina School for the Deaf and the Blind
TRI	TRICARE

Location Codes - Natural Environment	
COM	Community Activity or Place (e.g., library, park, recreation program, play group, etc.)
FCC	Family Child Care (relative/non-relative)
HOM	Home
PTC	Program Designed for Typically Developing Children (majority of children do not have a disability)
Location Codes – Non Natural Environments (Justification Required)	
HOS	Hospital (inpatient)
PDD	Program Designed for Children with Developmental Delays or Disabilities (special purpose facility)
RES	Residential Facility
SPL	Service Provider Location (e.g., office, clinic, outpatient hospital)
Race Codes	
CA	White (not Hispanic)
BL	Black
LA	Hispanic (i.e., Cuban, Mexican, Puerto Rican, South or Central America, Spanish)
AS	Asian/Pacific Islander (i.e., China, India, Japan, Korea, Philippine Islands)
NA	American Indian/Alaskan Native
Relation Codes	
PA	Parent (biological or adoptive)
GP	Grandparent
FP	Foster Parent
REL	Relative (not grandparent)
GU	Guardian
Primary Method Codes (Select One)	
DR	Direct
CO	Consultative

BabyNet Service/Procedure Codes Reference

Service Code	Description	Unit of Service	Review Parameters	Rate	Medicaid
ASSISTIVE TECHNOLOGY (Prior Authorization Required) – for additional codes see BN policy 05.03.00					
V5275-RT V5275-LT	Ear Molds (not disposable) RT=Right , LT=Left	Ea.	6/365	\$19.90	YES
AUDIOLOGY - for additional codes see BN policy 05.04.00					
92557	Hearing Evaluation	Ea.	1 unit/365 days	\$42.06	YES
92557-52	Hearing Re-evaluation	Ea.	6 units/365 days	\$21.03	YES
AUTISM					
X0001	Autism Initial Workshop	Ea.	1 unit/1095 days	\$1,200	NO
X0200	Quarterly Reassessment	Ea.	1 unit/90 days	\$600	NO
X3000	Paraprofessional Trmt.	Hour	20 units/week	\$8.00	NO
HEALTH (Prior Authorization Required)					
99361	Health Consultation	Ea.	2 units/365 days	\$30.00	NO
INTERPRETATIVE					
T1013	Interpretation – Onsite	15 min.	12 units/1 day	\$10.00	NO
T1013-D	Interpretation/Translation – Offsite	15 min.	12 units/1 day	\$5.00	NO
T-1013-W	Written Translation-Offsite/Onsite	15 min.	4 units/1 day	\$7.00	No
MEDICAL (Prior Authorization Required)					
99202	Medical Services	Ea.	1 unit/365 days	\$50.00	NO
NURSING (Prior Authorization Required)					
T1001	Evaluation/Assessment – Non-NE	15 min.	24 units/180 days	\$11.39	If provided by DHEC, Hospital, or Home Health
T1001-D	Evaluation/Assessment – NE	15 min.	24 units/180 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8752	Nursing Services – Non-NE	15 min.	64 units/30 days	\$11.39	If provided by DHEC, Hospital, or Home Health
W8753	Nursing Services – NE	15 min.	64 units/30 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8770	IFSP Team Meeting/Consultation	15 min.	8 units/60 days	\$11.39	NO
NUTRITION					
W8772	Assessment – Non-NE	15 min.	24 units/180 days	\$11.39	If provided by DHEC, Hospital, or Home Health
W8773	Assessment – NE	15 min.	24 units/180 days	\$14.73	If provided by DHEC, Hospital, or Home Health
97802	Nutrition Services – Non-NE	15 min.	64 units/30 days	\$11.39	If provided by DHEC, Hospital, or Home Health

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Service Code	Description	Unit of Service	Review Parameters	Rate	Medicaid
W8762	Nutrition Services – NE	15 min.	64 units/30 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8774	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$11.39	NO
OCCUPATIONAL THERAPY					
97003	Evaluation/Re-evaluation	Ea.	2 units/365 days	\$76.15	YES
97530	Individual Services	15 min.	4 units/ per day	\$26.49	YES
99241-GO	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$15.00	NO
PHYSICAL THERAPY					
97001	Evaluation/Re-evaluation	Ea.	2 unit/365 days	\$71.61	YES
97110	Individual Services	15 min.	4 units/ per day	\$26.49	YES
99241- GP	IFSP Team Meeting/ Consultation	15 min.	4units/ per day	\$15.00	NO
PSYCHOLOGICAL (Prior Authorization Required)					
96101	Psychological Testing/Evaluation	30 min.	20 units/1095 days	\$30.00	YES
99401	Individual Services	30 min.	2 units/1 day	\$30.00	YES
99241	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$10.00	NO
SOCIAL WORK					
W8737	Evaluation/Assessment – Non-NE	15 min.	16 units/365 days	\$11.25	If provided by DHEC, Hospital, or Home Health
W8738	Evaluation/Assessment – NE	15 min.	16 units/365 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8780	Individual Services – Non-NE	15 min.	8 units/7 days	\$11.25	If provided by DHEC, Hospital, or Home Health
W8781	Individual Services – NE	15 min.	8 units/7 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8741	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$11.25	NO
SPECIAL INSTRUCTION					
SPI01	Special Instruction	15 min.			YES
SPEECH					
92506-HA	Evaluation	Ea.	1 per lifetime	\$121.03	YES
92506-52	Re-evaluation/ Assessment	Ea.	2 unit/365 days	\$60.52	YES
92507	Individual Services	15 min.	4 units / per day	\$28.79	YES
99241-GN	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$15.00	NO

Service Code	Description	Unit of Service	Review Parameters	Rate	Medicaid
TRANSPORTATION					
X8600	Transportation Reimbursement for Parents	Per Mile		\$00.30	BN does not pay for transportation when child has Medicaid.
VISION - for additional codes see BN policy 05.17.00					
92004	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, new patient	Ea.	1 unit/1 day	\$121.42	YES
92014	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, established patient	Ea.	1 unit/1 day	\$89.85	YES

KEY

NE = Natural Environment

Non-NE = Non-Natural Environment

CHILDREN'S HEALTH SERVICES

BILLABLE SERVICES

- EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Services
- Medically Necessary and/or Elective Laboratory Tests/Procedures Associated with EPSDT
- Vaccine Administration Fee for Childhood Immunizations
- Pediatric Problem Clinic Visits
- Postpartum Newborn Home Visits
 - Initial Newborn Home Visit
 - Return Home Visit
 - Pre-Discharge Visit for Neonatal Intensive Care Unit (NICU Graduates)
- Family Support Services
- Nursing Services for Children Under 21
- Environmental Blood Lead Investigation

DESCRIPTION OF SERVICES AND NECESSARY BILLING INFORMATION

The following description of services has been quoted from the [Medicaid Provider Manual for Physicians, Laboratories, and Other Medical Professionals](#). This information reflects the minimum requirements set forth by the Medicaid Agency. Refer to the Children's Health section of the [DHEC Health Services Policy Manual](#) for more detailed information on the provision of EPSDT screenings.

I. EARLY AND PERIODIC SCREEING, DIAGNOSIS, AND TREATMENT (EPSDT)

EPSDT is the preventive, well-child screening program in South Carolina. EPSDT provides comprehensive and preventive health services to Medicaid eligible children from birth to age 21 through periodic medical screenings. The screening package includes:

- A comprehensive health and developmental history, including assessment of both physical and mental health development
- A comprehensive unclothed physical examination
- Identify the appropriate immunizations according to age and health history (does not include the administration)
- Health education, including anticipatory guidance
- Vision and hearing screening
- Dental screening

A. EPSDT STANDARDS

1. To provide **EARLY** health assessments of the child who is Medicaid eligible so that potential diseases can be prevented.
2. To **PERIODICALLY** assess the child's health for normal growth and development.
3. To **SCREEN** the child through simple tests and procedures for conditions needing closer medical attention.
4. To **DIAGNOSE** the nature and cause of conditions requiring attention by synthesizing findings of the health history and physical examination.
5. To **TREAT** abnormalities detected in their preliminary stages or make the appropriate referral whenever necessary.

B. REQUIRED SERVICES

Infants, children, and youth will receive, at a minimum, the following services, which constitute evaluations of their physical and mental health; their growth and development; and their nutritional and immunization status. The administration of appropriate immunizations at the time of screening is also required. These evaluations are provided through the following generally accepted practices or standards:

1. Comprehensive Health and Developmental History

A comprehensive history includes the birth history, the family history, and medical history. A complete history is initiated during the first screening. An updated or interval history is obtained at each subsequent screening.

In addition to the history, the child's height and weight are obtained to assess growth and development. Head circumference is obtained until age two or three. All three measurements are plotted on a graphic recording sheet to compare them with the norm for the child's age group.

Assessment of nutritional status is obtained at each screening to include eating habits and general diet history.

Assessment of immunization status is obtained to determine the need for immunization at the time of screening.

2. Developmental Assessment

For children under six years of age, a complete developmental assessment should be performed and documented in the patient record at the following screening intervals:

- 5 through 7 months
- 12 through 14 months
- 21 through 24 months
- 3, 4 and 5 years of age

A standardized developmental test is recommended for children under six years of age. However, if a standardized test is not used, documentation should include the recording of observations for specific age appropriate skills/tasks in each functional area (fine motor, gross motor, communication, self-help, social/emotional, and cognitive). For example, a 5-month-old infant should readily demonstrate the social/emotional skill of a social smile. The 24-month-old toddler should demonstrate the gross motor skill to throw a ball overhand, etc.

(The DHEC standard for developmental assessment for ages birth to 6 is the either the Ages and Stages Questionnaire (ASQ), which is preferred, or the Denver II.)

The developmental assessment of children 6 through 21 years of age should include a review of the emotional, psychosocial, and educational development/progress.

The assessment of the adolescent should be designed to identify problems or needs unique to this age group. The history for this age group should include inquiries as to high-risk behaviors.

NOTE: It is important in evaluating a child's overall development and well-being that every consideration be given to helping that child achieve his or her maximum potential. Therefore, all health related problems that are identified should include referral, when indicated, to the proper entity for evaluation and treatment. Referrals may include such services as evaluations to determine the need for assistive technology (defined as devices or services which are used to increase, maintain, or improve the functional capacities of individuals with disabilities) if it is determined that these services are medically necessary and that the child may benefit from them. These services must be medical in nature and not for educational purposes.

3. Comprehensive Unclothed Physical Examination

A complete evaluation is required of all body systems.

4. Identify Appropriate Immunizations According to Age and Health History

An assessment of the child's immunization status should be made at each screening and immunizations administered as appropriate.

5. Dental Assessment

A general assessment of the dental condition (teeth and/or gums) is obtained on all children.

6. Vision Screening

Vision should be assessed at each screening. In infants, the history and subjective findings of the ability to regard and reach for objects, the ability to demonstrate an appropriate social smile, and to have age appropriate interaction with the examiner is sufficient. At ages four and above, objective measurement using the age appropriate Snellen Chart, Goodlite Test, or Titmus Test should be done and recorded. If needed, a referral should be made to an ophthalmologist or optometrist.

7. Hearing Screening

A hearing test is required appropriate to the child's age and educational level. For the child under age four, hearing is determined by whatever method is normally used by the provider, including, but not limited to, a hearing kit. For the child over age four, an audiometer, if available, is recommended. If needed, an appropriate referral should be made to a specialist. It is recommended that high-risk neonates be evaluated with objective measures, such as brain stem evoked response testing, prior to discharge from the hospital nursery.

8. Anemia Screening

A hemoglobin test should be performed between six and nine months of age and at least once during adolescence for menstruating females.

9. Blood Pressure

Blood pressure should be measured on children ages three and over at each screening.

10. Health Education

Providers are required to provide age appropriate health education (including anticipatory guidance) at each screening.

11. Lead Screening

Screening for lead poisoning is a required component of an EPSDT screen. Current CMS policy requires a screening blood lead test for all Medicaid eligible children at 9- and 24-months of age. In addition, children over the age of 24-months, up to six years of age, should receive a screening blood lead test if there is no record of a previous test. Any additional diagnostic and treatment services determined to be medically necessary must also be provided to a child diagnosed with an elevated blood lead level. An assessment of the individual and family history of lead exposure/symptoms, environment, and personal risk factors should be obtained and documented.

12. Urinalysis

A urinalysis should be performed on all children at least once between the ages of 4 and 6. A urinalysis should be performed for leukocytes for sexually active male and female adolescents.

13. Elective Tests/Procedures

- a. Sick Cell Test – A screening test is administered when indicated by family or medical history or in the presence of anemia, usually to the child under age 10. If born in South Carolina, the child should have the results of their newborn screening, which includes a sickle cell test.
- b. Tuberculin Skin Test – Mantoux test should be considered for all children at increased risk of exposure to individuals with tuberculosis.
- c. Parasites Test – A test for parasites is administered when indicated by medical history, physical assessment, or a positive result of previous test.

C. SCREENING FREQUENCY**1. Periodic Screenings**

EPSDT recipients are eligible to receive 20 screenings in 21 years of life. Screening ranges are determined according to the age of the child and, in some circumstances, when last screened. The total number of periodic screenings allowed is determined by the child's age at the time Medicaid eligibility begins. The following is a general guide for the ranges in which screenings should occur:

- a. Neonatal exam (identified from hospital claim - not billable)
- b. Birth to 1 month
- c. 1 month through 2 months
- d. 3 months through 4 months
- e. 5 months through 7 months
- f. 8 months through 11 months
- g. 12 months through 14 months
- h. 15 months through 17 months
- i. 18 months through 20 months
- j. 21 months through 24 months (when the child passes age 2, another screening is not due until age 3)
- k. 3 years through 6 years of age (four screenings are allowed one year apart)
- l. 8 years of age through month of 21st birthday (screenings are allowed two years apart)

2. Interperiodic Screenings

A child may receive an "interperiodic" screening outside the normal screening schedule if a suspected problem or condition exists. The provider must indicate the diagnosis code for the problem to justify the medical necessity for performing an interperiodic screening. The interperiodic screening must include all the required screening components appropriate to the child's age. Individual screening components or follow-up treatment cannot be billed as an interperiodic screening. Reimbursement for an interperiodic screening is the same as a periodic screening.

D. VAFAC IMMUNIZATIONS

The administration of immunizations is a required component of EPSDT screening services. An assessment of the child's immunization status should be made at each screening, and immunizations should be administered as appropriate. If the child is due for an immunization, it should be administered at the time of the screening. However, if illness precludes immunization, the reason for delay should be documented in the child's record. An appointment should be given to return for administration of the immunization at a later date.

Billing information for VAFAC immunizations is in the Immunization Programs section of this manual.

F. LABORATORY TESTS

Laboratory tests required as part of an EPSDT screening are not billable to Medicaid.

There are three elective tests/procedures that can be done during EPSDT screenings if medically indicated. These tests are: Sickie Cell Test, Tuberculin Skin Test (PPD) and Parasites Test. These tests are billable to Medicaid.

Other laboratory tests, which are not required as part of a screening, may be done if medically indicated. These tests are billable to Medicaid. Medical necessity must be documented in the client's record.

Blood Lead Quantitative tests are billed directly to Medicaid by the Bureau of Laboratories. When completing the lab slip, district staff should include the client's Medicaid ID number on the lab slip.

H. MEDICAID BILLING

Type Service	Procedure Code	DHEC Charge	Medicaid Reimbursement Rate
EPSDT Screening/New/Infant	99381	\$82.69	\$82.69
EPSDT Screening/New/Age 1-4	99382	\$82.69	\$82.69
EPSDT Screening/New/Age 5-11	99383	\$82.69	\$82.69
EPSDT Screening/New/Age 12-17	99384	\$82.69	\$82.69
EPSDT Screening/New/Age 18-21	99385	\$82.69	\$82.69
EPSDT Screening/Estab/Infant	99391	\$66.15	\$66.15
EPSDT Screening/Estab/Age 1-4	99392	\$66.15	\$66.15
EPSDT Screening/Estab/Age 5-11	99393	\$66.15	\$66.15
EPSDT Screening/Estab/Age 12-17	99394	\$66.15	\$66.15
EPSDT Screening/Estab/Age 18-21	99385	\$82.69	\$82.69

Allowable Frequency: The screening frequency is addressed in the service description

Permissible Place of Service Code: 71 – Clinic

Program Code: EP

10/31/2008

CHILDREN'S HEALTH SERVICES

7

Appropriate Staff

Physician, Nurse Practitioner, or Registered Nurse

Documentation Requirements for Clinic Visits

DHEC 3211 – Child Clinical Encounter Form

NOTES:

- 1) Procedure code 99385 should be used to bill screenings for **new and established** clients ages 18 to 21.
- 2) Use diagnosis code V20.2 when no medical problems were identified.
- 3) If a medical problem was identified or treated during the screening, the appropriate diagnosis code from the ICD-9 Manual should be used.
- 4) Screening components cannot be fragmented and billed separately. The screening provider cannot bill an office visit on the same day a screening is billed.
- 5) If individual components of a screening are not performed, the reason must be appropriately documented. Reimbursement for the screening may be subject to recoupment if each age appropriate component is not performed and documented.

II. PEDIATRIC PROBLEM CLINIC VISITS

Problem visits in DHEC pediatric clinics are billable to Medicaid provided they are not done on the same day as an EPSDT screening.

Procedure (CPT-4) Code	Diagnosis (ICD-9) Code	DHEC Charge	Medicaid Reimbursement Rate
99205 (New)	Service provider should select the appropriate ICD-9 code	\$141.76	\$137.66
99204 (New)		\$112.69	\$109.40
99203 (New)		\$73.50	\$71.16
99202 (New)		\$49.69	\$48.60
99201 (New)		\$28.28	\$28.16
99215 (Estab)		\$98.72	\$96.21
99214 (Estab)		\$72.95	\$71.15
99213 (Estab)		\$48.12	\$47.31
99212 (Estab)		\$29.15	\$29.01
99211 (Estab)		\$20.00	\$15.29

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

Program Code: 05

Appropriate Staff

Physician, Nurse Practitioner, or Registered Nurse

Documentation Requirements for Clinic Visits

DHEC 3211 – Child Clinical Encounter Form

or

DHEC 1619 – Continuation/Coordination Form

**Laboratory tests and x-rays are normally charged in addition to the visit charge.

NOTE: We are allowed to bill CPT-4 procedure code 99211 to Medicaid for the following services rendered by child health nurses:

- 1) Re-checks for children returning **between** EPSDT screenings due to a problem identified during a previous screening. Examples of this type billable service include repeat hemoglobin, blood pressure checks, rechecks of head circumference, weight and/or height, repeat developmental screening, hearing, vision, etc.

- 2) Follow-up visits for clients requiring confirmatory lab testing for HIV, congenital syphilis, hepatitis B, sickle cell, lead, etc.

III. NEWBORN HOME VISITS

A. INITIAL NEWBORN HOME VISIT

This visit is designed to assess the environmental, psychosocial, nutritional, and medical needs of the infant and mother. DHEC public health nurses (or Medicaid-approved physicians and hospitals) are to complete newborn home visits on all Medicaid eligible newborns referred by a physician. The DHEC program expectation is to complete the visit within 48 to 72 hours after discharge from the hospital. The [Medicaid Enhanced Services Provider Manual](#) recommends that the Postpartum/ Infant Home Visit be made within three days of discharge from the hospital; however, the home visit must be made within six weeks after delivery. Although the visit is targeted to mother/infant units, in certain circumstances only the mother or only the infant may be visited (*e.g.*, infant is in foster care or only the mother has been discharged from the hospital).

The Initial Newborn Home Visit may be billed to Medicaid using either the mother's or infant's Medicaid number.

Expectations of these visits include:

- 1) Appraisal of the mother's health status (including questions concerning her physical recovery, contraceptive plans, and emotional status)
- 2) Information regarding postpartum recovery and appraisal of the infant including but not limited to physical, nutritional, and elimination assessments
- 3) Appraisal of mother-infant bonding
- 4) Appraisal of the household (safety and health factors)
- 5) Discussion with the mother/caregiver regarding concerns about the care of the infant and her own well-being
- 6) Discussion and appropriate follow-up as desired by the patient to ensure that the mother has a postpartum appointment, the infant has a two-week EPSDT visit, and referrals to other needed services (*i.e.*, WIC) are made.

Type Service	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Reimbursement Rate
Initial Newborn Home Visit	99501	V67.9	\$96.64	\$96.64

Allowable Frequency: 1 per pregnancy (includes single or multiple births)

Permissible Place of Service Code: 12 – Home

Program Code: 12 – Child Health or 22 – Home Health

Appropriate Staff

Physician, Nurse Practitioner, or Registered Nurse

Documentation Requirements

DHEC 761 Form – Infant Assessment (Completed for Infant)

AND

DHEC 1818 – Postpartum Assessment (Completed for Mother)

Both forms should be completed to document the Initial Newborn Home Visit.

NOTE: There may be instances when the mother or infant is not present during the Initial Newborn Home Visit. If this occurs, either the DHEC 761 Form or the DHEC 1818 Form should be completed for the person who is present. In addition, it should be noted in either the comments section of the form or on the Coordination /Continuation Sheet - DHEC 1619 Form the reason the mother or infant is not present.

B. RETURN NEWBORN HOME VISIT

One Return Newborn Home Visit may be made in the event of either of the following instances:

- 1) To follow up on an identified medical need (*e.g.*, the infant/mother had a fever.)
- 2) Occasionally, when the nurse makes the initial Postpartum/Infant Home Visit, the infant, mother, or one of a set of twins (triplets, etc.) is not present. The follow-up visit to see the absent individual must be billed as a Repeat Visit using that person's Medicaid number.

The return visit must be made within six weeks of delivery. In cases of multiple births, only one service may be billed for each home visit (*i.e.*, a separate billing for each infant **is not** allowable). If a return visit is made to more than one individual (*e.g.*, twins or mother and infant) in the same household on the same day, only one visit may be billed.

Type Service	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Reimbursement Rate
Return Newborn Home Visit	99501-52	Use V67.9 if visit is being made because one person was absent during the initial visit. Use the appropriate medical diagnosis code if the visit is being made for follow-up on an acute medical problem.	\$36.72	\$36.72

Allowable Frequency: 1

Permissible Place of Service Code: 12 – Home

Program Code: 12 – Child Health or 22 – Home Health

Appropriate Staff

Physician, Nurse Practitioner, or Registered Nurse

Documentation Requirements

DHEC 761 – Infant Assessment (If the visit pertains to the infant or the environment)

AND/OR

DHEC 1818 – Postpartum Assessment (If the visit pertains to the mother)

(Complete all sections of the form that are applicable to the visit.)

OR

DHEC 1619 – Continuation/Coordination Sheet

C. NICU PRE-DISCHARGE VISIT

Public health nurses can provide home visits prior to discharge from the hospital for NICU babies referred by a hospital provider. The purpose of this visit is to determine if conditions are present which would impact negatively on the health of the infant. NICU staff should determine which infants would benefit from such a visit. This visit is provided in response to a referral received from the NICU staff and must be completed within seven days from the receipt of the referral.

A home visit for a NICU infant includes an assessment of the home to determine that there are no obvious health hazards to a fragile infant. It should also include an assessment of the family's ability to care for the child. The home visitor should speak to the primary caregiver, if possible. If the primary caregiver is not home, the home visitor may speak to a responsible adult living in the home.

This NICU Pre-Discharge Home Visit must be provided by a physician, nurse practitioner, or a registered nurse. The visit may be billed to Medicaid using either the mother's or infant's Medicaid number.

Type Service	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Payment
NICU Pre-Discharge Visit	T1028-HA	V60.1	\$48.32	\$48.32

Allowable Frequency: 1 per client

Permissible Place of Service Code: 12 – Home

Program Code: 12 – Child Health or 22 – Home Health

Appropriate Staff

Physician, Nurse Practitioner, or Registered Nurse

Documentation Requirements

DHEC 761 – Infant Assessment

Complete all sections of the form that are applicable to the visit.

IV. FAMILY SUPPORT SERVICES (FSS)

Refer to the Family Support Services section of this manual.

V. NURSING SERVICES FOR CHILDREN UNDER 21

Nursing services for children under 21 are those specialized health care services including nursing assessment and diagnosis; direct care and treatment; administration of medication and treatment as authorized and prescribed by a physician or dentist and/or other licensed/authorized healthcare personnel; nurse management; health counseling; and emergency care. A Registered Nurse as allowed under state licensure and regulation must perform acts of nursing diagnosis or prescription of therapeutic or corrective measures.

Medicaid will only pay for nursing services that are “medically necessary.” “Medically necessary” means that the service is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. A provider’s medical records for each child must substantiate the need for services, must include all findings and information supporting medical necessity, and must detail all treatment provided.

A. REIMBURSABLE NURSING SERVICES

Medicaid will only pay for direct nursing service provision. DHHS defines this as direct, face-to-face contact with the beneficiary. Medicaid will not reimburse for phone calls.

Services include, but are not limited to, the following:

1. Nursing Assessment

- a. Nursing assessment of applicants registering for early child development programs
- b. Nursing assessment of children referred for special education eligibility evaluation
- c. Nursing assessment related to the IEP, IFSP or ITP
- d. Nursing assessment of new or previously identified medical/health problems based on child-initiated or teacher/staff referral to nurse, including substance use assessment, child abuse assessment, pregnancy confirmation, etc.
- e. Home visits for comprehensive health, developmental, and/or environmental assessment

2. Nursing Care Procedures

Nursing referrals for any reasons are Medicaid reimbursable only when they occur as a part of a Nursing Assessment.

- a. Administration of immunizations to children in accordance with state immunization law
- b. Medication assessment, monitoring, and/or administration
- c. Nursing procedures required for specialized health care including, but not limited to, the following:

Feeding:

- Nutritional assessment
- Naso-gastric feeding
- Gastrostomy feeding
- Jejunostomy tube feeding
- Parenteral feeding (IV)
- Naso-gastric tube insertion or removal
- Reinsertion of G-Tube

Catheterization:

- Clean intermittent catheterization
- Sterilized catheterization

Respiratory Care:

- Postural drainage
- Percussion
- Pharyngeal suctioning
- Tracheostomy tube replacement
- Tracheostomy care

Ostomies:

- Ostomy care
- Ostomy irrigation

Medical Support Systems:

- Ventricular peritoneal shunt monitoring
- Mechanical ventilator (CPAP,BIPAP) monitoring and emergency care
- Oxygen administration
- Nursing care associated with Hickman/Broviac/IVAC/IMED
- Nursing care associated with peritoneal dialysis
- Apnea monitoring

Medications:

- Administration of medications – oral, injection, inhalation, a rectal, bladder, instillation, eye/ear drops, topical, intravenous

Collecting and/or Performance of Test:

Blood glucose	Syphilis serology
Urine glucose	STD testing
Pregnancy testing	HIV testing
Lead Testing	
General Phlebotomy for lab tests ordered by MD	

Other Nursing Procedures:

Sterile dressings
Soaks

Development of Health Care and Emergency Protocols:

Health care procedures
Emergency protocols
Health objectives for Individualized Healthcare Plan (IHP),
Individualized Education Program (IEP) or
Individualized Family Services Plan (IFSP)

3. Emergency Care

Assessment, planning, and intervention for emergency management of a child with chronic or debilitating health impairment (e.g., portable Emergency Plan – DHEC 3699).

The provision of emergency care may include the following:

- a. Nursing assessment and emergency response treatment (*e.g.*, CPR, oxygen administration, seizure care, administration of emergency medication, and triage)
- b. Post-emergency assessment and development of preventive action plan

4. Individual Health Counseling

Nursing assessment, health counseling, and anticipatory guidance for a child's identified health problem or developmental concerns. There is no reimbursement for Health Education.

5. Group Health Counseling

Services as defined under Individual Health Counseling (*i.e.*, nursing assessment, health counseling, and anticipatory guidance for a child's identified health problem or developmental concern) when provided to groups of two or more children. There is no reimbursement for Health Education.

B. APPROPRIATE STAFF

RN, including those who function in an expanded role (i.e., Nurse Practitioner, Nurse Midwife, Clinical Nurse Specialist)

LPN services within their scope of practice are reimbursable. If the client requires ongoing care, the RN must provide an initial assessment of the child's condition and establish a plan of care based on the child's medical condition. Supervision by the RN through direct observation, record review or individual supervisory conference must be performed and documented, at a minimum of every 60 days. Documentation should be filed in personnel folders.

Services performed by health room aides, nurses' aides or any other unlicensed medical personnel are not Medicaid reimbursable even if provided under the supervision or delegation of a Registered Nurse.

C. DOCUMENTATION REQUIREMENTS

Documentation of services may be done on any of the following forms:

- Continuation/Coordination Sheet – DHEC Form 1619
- Clinical Encounter Form (Children's Services) – DHEC Form 3211
- Clinical Encounter Form (Adult Services) – DHEC Form 3212
- Treatment Plan – DHEC Form 3449
- Comprehensive Assessment- DHEC 3454
- Tuberculosis Assessment, Monitoring and Teaching Flow Sheet – DHEC Form 1410
- Tuberculosis Program Record of Directly Observed Therapy (DOT) – DHEC Form 1428
- Appropriate School Forms

Documentation must include a narrative summary. The documentation must justify the number of units billed.

When documenting group health counseling, each clinical service note must be individualized to include the patient's level of participation and response to the intervention.

D. MEDICAID CODING

Type Service	Provider Type	Procedure Code	Modifier	Diagnosis Code	DHEC Charge	Medicaid Rate	Allowable Frequency
Encounter (Procedures taking less than 15 minutes)	RN	T1015	TD	Use the appropriate ICD-9 code for the primary condition	\$6.35 per encounter	\$6.35per encounter	4 per day
	LPN	T1015	TE		\$4.35 per encounter	\$4.35 per encounter	4 per day
Services (Procedures requiring 15 minutes or more)	RN	T1002	No Modifier Needed	Use the appropriate ICD-9 code for the primary condition	\$8.25 per 15 minute unit	\$8.25 per 15 minute unit	24 units per day
	LPN	T1003			\$6.25 per 15 minute unit	\$6.25 per 15 minute unit	24 units per day

Allowable Frequency: T1015 – 4 encounters per day; T1002 and T1003 –24 units per day

Permissible Places of Service: 71 – Clinic; 12 – Home; 03 - School; 99 - Other

Program Code: Use the program code that represents the program providing the service.

Encounter (Procedures Taking Less than 15 Minutes) - Procedure Code T1015

Neither minutes nor units have to be documented for encounters.

Services (Procedures Requiring 15 Minutes or More) - Procedure Code T1002 or T1003

The number of units only must be documented. Minutes should not be documented. A unit is generally 15 minutes.

NOTES:

1. These services are exempt from private pay charges.
2. Procedure codes T1002, T1003, and T1015 may be billed on the same date of service.
3. A maximum of 4 encounters per provider type (i.e., RN and LPN) may be billed for a given child on a given date of service. When more than one encounter is provided by a RN or LPN to a child on a given day, the total number of encounters, not to exceed 4 per day per provider type, should be put in the "Days or Units" Column of the HCFA 1500 Form. For example, if a RN provides 4 encounters to a child on a given day, procedure code T1015 and modifier TD should be listed on the HCFA 1500 Claim Form once, and a 4 should be listed in the "Days or Units" Column.

E. MISCELLANEOUS INFORMATION

1. Reimbursement is available for services that conform to accepted methods of diagnosis and treatment for appropriate personnel. Reimbursement is not available for time spent documenting services, time spent traveling to or from services, cancelled visits and/or missed appointments.
2. Mass or routine screenings (e.g., height, weight, blood pressure, vision, hearing, etc.) and/or mass or routine physicals are not covered within the scope of these services. These services must be medically indicated for each individual child or adolescent.

Note: Physicals for Camp Burnt Gin that are conducted by nurse practitioners in the region are considered medically indicated for each child and are, therefore, billable to Medicaid.

3. Routine health education is not covered within the scope of these services. In order to bill Medicaid for individual or group health counseling, the child's identified health problem, risk, or developmental concern must be documented.
4. Medicaid will pay only for nursing direct service provision. Observation is included in the direct services payment as long as the nurse (RN or LPN) is attending to one individual during a face-to-face encounter. If the child needs monitoring after a specific service provision, then his or her Plan of Care documentation must reflect the ongoing need for monitoring. Although the nurse may be accountable for the time the child is in the Health Room or Clinic, it may not be Medicaid billable time.
5. These services are exempt from Medicare billing when a client is Medicaid/Medicare dual eligible.
6. If these services are provided during a billable clinic visit or Home Health Skilled Nursing Care Visit, they may not be billed in addition to the clinic visit or Home Health Skilled Nursing Care Visit.

For example, if one of these services was provided during an EPSDT screening or a Family Planning visit, you may not bill for both the clinic visit and one of these services. In this instance, you would bill for the clinic visit because it is reimbursed at a higher rate.

7. These services may be provided on the same day as a clinic visit, Home Health Skilled Care Nursing Visit, etc., provided they are not done during the billable clinic visit, or Home Health Skilled Nursing Care Visit.
8. These services may be provided in conjunction with FSS if they are of a medical nature. This would not be duplicative since FSS does not allow the

provision of a medical nursing service. For example, if a nurse is providing FSS and a child needed the nurse to administer medication to him, the administration of the medication would be outside of the scope of FSS, and, therefore, would be billable as a separate nursing service. The FSS would also be billable. However, the time involved in administering the medication could not be counted in the FSS service time.

9. In instances where these services may overlap FSS, the provider will have to utilize his or her judgment and make a determination whether to provide FSS or Nursing Services for Children Under 21.
10. Activities that are done routinely as part of a WIC certification or recertification may not be billed. They are already reimbursed through WIC federal funds. However, nursing services that are above and beyond what are routinely done as part of the certification or recertification (e.g., lead testing/counseling) may be billed, if documented on DHEC Form 1619 or DHEC Form 3211.
11. These services may not be billed by nurses who are **fully funded** through the administrative portion of the MEGA Contract.
12. If a DHEC nurse is providing these services in the school setting and billing through DHEC, all of the information in this section is applicable. For school districts designated as Title V providers, the information in this section is applicable.
13. If a DHEC nurse is providing these services in a non-Title V designated school setting and is billing through the school and not through DHEC, he or she must implement these services according to the school guidelines. The information in this section is not applicable.
14. In order to bill these services, one of the following forms must be completed and signed:
 - DHEC 0788 – Assignment of Benefits
 - DHEC 1625 - Application for Special Services
 - DHEC 174 – Home Health Services Patient Financial Data Base
 - Appropriate School Form
15. These services may be provided to children under 21 who are covered by a community-based waiver.

VI. ENVIRONMENTAL BLOOD LEAD INVESTIGATIONS

A. DESCRIPTION OF SERVICE

This service is provided to reduce lead exposure to children under six years of age with confirmed elevated blood lead levels (in accordance with Centers for Disease Control criteria). This service includes a skilled evaluation of the environment (i.e., child's home and possibly any secondary residences, such as day care, school, etc.) of a lead-poisoned child to identify sources of lead exposure. Also included are parental education during the home visit or education of the owner of the secondary residence, documentation of lead hazards identified, notification of these hazards to the property owner and occupants, and initiation of corrective actions to reduce the child's exposure. This service is typically provided by an Environmental Health Manager II (or equivalent) who is a Certified Lead Risk Assessor in the Department of Health and Environmental Control.

The first investigation is done in the child's home. If the source of lead is not found in the child's home, additional investigations are done in secondary residences, such as day care, school, etc., until the source of lead is found.

B. APPROPRIATE STAFF

An Environmental Health Manager II (or equivalent) within the Department of Health and Environmental Control is the only provider for this service. Provider qualifications include current certification as a Certified Risk Assessor (through the United States Environmental Protection Agency) and certification as a licensed XRF operator. Licensure as an XRF operator includes completion of a one-day training course in radiation safety and XRF use.

C. DOCUMENTATION REQUIREMENTS

Interview and education of the parent(s) or owners of any secondary residence – an interview is conducted with the parent(s) or guardian(s) or owner(s) of any secondary residence to determine contributing behavior and environmental risk factors that may result in lead exposure for the child. Information collected is recorded on forms supplied by the Department of Housing and Urban Development (HUD). Information is provided to the parent(s) or guardian(s) or owners of any secondary residence regarding the health effects of lead exposure, reduction of lead hazards, and necessary medical follow-up.

Evaluations for lead-based paint and other lead hazards – A thorough risk assessment is conducted in the child's home and possibly any secondary residences or facilities where the child spends time to identify all existing lead hazards. This evaluation includes:

- 1) a sketch of the property that identifies structures, layout of the home/building, and where on the property any testing or sampling was conducted.
- 2) a visual inspection for evidence of deteriorated paint or lead-containing objects. Notations are made regarding the condition of the paint.
- 3) analyses for lead on painted surfaces using a portable x-ray fluorescence (XRF) analyzer. Results are recorded on form DHEC 1763.
- 4) the collection of environmental samples of paint, dust, soil, water or other substances for laboratory analysis. SC DHEC lab forms are used to submit these samples. Sample analysis is conducted by the DHEC State Laboratory and is not included in this service.

Preparation of a written report – a written report is prepared to summarize results from the EBL investigation. This report includes:

- 1) a description of the child's home environment and family structure;
- 2) the sketch of the property done on site;
- 3) the methods used in the investigation;
- 4) The results of any onsite testing and laboratory analyses indicating possible sources of lead exposure;
- 5) recommendations of remediation measures to protect the child from further lead exposure;
- 6) Any other pertinent information gathered during the investigation.

Written notifications – written notifications of the EBL investigation, identified hazards, and any remediation requirements are forwarded to the occupant and the property owner. The presence of lead hazards is posted on the dwelling in accordance with the requirements of the South Carolina Code of Laws, 1976 §44-53-1310 et al. This posting is done using form DHEC 1760.

Documentation of EBL investigations will be placed in the client's medical record.

D. MEDICAID BILLING

Service Type	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Reimbursement Rate
Environmental Blood Lead (EBL) Investigation	T1029	984.9	\$511.75	\$511.75

Permissible Places of Service: 12 - Home or 99 - Other
 Program Code: Use 90 for Environmental Health

DHEC will conduct these investigations in the child's primary residence and any secondary residences or facilities (school, day care, etc.) where the child stays during the day.

DHEC Frequency of Investigations:

Investigations are demand-based. An investigation is conducted in accordance with Centers for Disease Control protocols when a child's blood lead level $\geq 20 \mu\text{g/dL}$ or when a child's blood lead level is persistently $15 - 19 \mu\text{g/dL}$. Investigations are conducted until the source of lead in the child's environment is identified. There are no minimum or maximum numbers of investigations per person per year.

Medicaid Allowable Frequency: 3 per year per child

The year begins on the date the first investigation is done and ends on the last day of the twelfth month.

If the allowable frequency of three is exceeded, the fourth and subsequent claims must be submitted hard copy with justification.

Billing Note:

DHHS has set this service up as an EPSDT service. The child's Medicaid ID number must be used to bill for the service.

FAMILY PLANNING SERVICES

Clients receiving Family Planning services should be screened for Medicaid eligibility. If the client is Medicaid eligible, a claim should be filed for services rendered, provided the client consents and signs the Assignment of Benefits on the DHEC 0788 Form. Medicaid payment should be accepted as payment in full. If the client is not Medicaid eligible, or does not want Medicaid billed for Family Planning services, the client should be treated as a private pay client. Private pay charges for Family Planning services should be rate scaled based on family size and income using the Preventive Health Services Income Chart in this section of the manual.

In the initial private pay interview, an Assignment of Benefits - DHEC Form 0788 is completed, and client demographic and financial information is entered into CARES. During subsequent visits, client demographic and financial information should be updated in CARES if changes have occurred since the last visit. The client information allows the client to be classified into one of five (5) poverty level categories based on family size and income level. Private pay categories are 100%, 75%, 50%, 25%, and 0%. Depending upon the category, the client will be asked to pay all, part, or none of the standard clinic charge(s).

If the private pay client claims to have insurance coverage for Family Planning services, the Region has the discretion to charge the client as a private pay client or to file the claim to the insurance company. When filing an insurance claim, the claim should be submitted with the full DHEC charge rather than the rate scaled amount. Subsequently, when an insurance payment is received, the insurance payment is accepted as full payment for services rendered. If the services rendered are not covered by insurance, payment should be requested from the client based on the income category.

Clients should not be denied services because of the inability to pay.

BILLING EXCEPTION

DHEC does not have private pay charges for the Postpartum Visit. This visit type applies to clients who received prenatal care from a private provider but present to DHEC for a postpartum exam and postpartum clients who received a tubal ligation after delivery. The private pay client should be charged only for services not considered part of the postpartum visit (i.e., medically necessary lab tests and contraceptive supplies). The private pay client should not be charged for the visit, itself, since the visit is considered completion of Maternity services, and DHEC has no private pay charges for Maternity services. **The postpartum visit is billable to Medicaid for Medicaid eligible clients.**

Services provided to all clients, including those in the zero percent private pay category, should be captured in accordance with the Agency policy for “Tracking of Services/Goods Provided and Accrual of Charges.”

Refer to the [Automated Private Pay System Help Manual](#) and the [Automated Private Pay System External Procedures Manual](#) for private pay billing instructions. These manuals are on the DHEC intranet web site. The web site addresses are listed in the Private Pay section of this manual.

PRIVATE PAY CLIENTS – DELINQUENT LETTERS

The check box for delinquent letters in the Automated Private Pay System will automatically default to no check mark in the box which means mail (i.e., delinquent letters) will not be sent to the home. Each time the client presents for service, he or she should be asked if mail may be sent to the home. If the client agrees that mail may be sent to the home, the box should be checked. If the client does not want mail sent to the home, the box should be unchecked. Once the box is checked, it will remain checked unless a staff member removes the check mark. Likewise, if the box is unchecked, it will remain unchecked unless a staff member puts a check mark in the box.

RETROACTIVE PRIVATE PAY BILLING

Clients who receive services (for which there are charges) prior to Medicaid Family Planning Waiver eligibility determination should be billed retroactively for the services rendered if they are deemed ineligible for Medicaid. At the time of service delivery, the clients should be informed that they will be responsible for the charges incurred if they are deemed ineligible for Medicaid coverage under the Family Planning Waiver. The clients should be advised of the amount of charges after any discounts have been applied according to the sliding fee scale in the Preventive Health Services Income Chart.

PREVENTIVE HEALTH SERVICES INCOME CHART (2008 Edition—Effective 3/10/08)

Sliding Fee Scale Percentages
Client Pays Percentage of Actual Charges Based
On Family Income and Size

Family Size	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6
	> 250% Client Pays 100%	> 200% - ≤ 250% Client Pays 75%	> 185% - ≤ 200% Client Pays 50%	> 150% - ≤ 185% Client Pays 50%	> 100% - ≤ 150% Client Pays 25%	< 100% of Poverty Client Pays 0%
	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income	Annual Income
1	\$26,001 & Above	\$20,801 - 26,000	\$19,241 - 20,800	\$15,601 - 19,240	\$10,401 - 15,600	\$10,400 & Below
2	\$35,001 & Above	\$28,001 – 35,000	\$25,901 - 28,000	\$21,001 - 25,900	\$14,001 - 21,000	\$14,000 & Below
3	\$44,001 & Above	\$35,201 - 44,000	\$32,561 - 35,200	\$26,401 - 32,560	\$17,601 - 26,400	\$17,600 & Below
4	\$53,001 & Above	\$42,401 - 53,000	\$39,221 - 42,400	\$31,801 - 39,220	\$21,201 - 31,800	\$21,200 & Below
5	\$62,001 & Above	\$49,601 - 62,000	\$45,881 - 49,600	\$37,201 - 45,880	\$24,801 - 37,200	\$24,800 & Below
6	\$71,001 & Above	\$56,801 - 71,000	\$52,541 - 56,800	\$42,601 - 52,540	\$28,401 - 42,600	\$28,400 & Below
7	\$80,001 & Above	\$64,001 - 80,000	\$59,201 - 64,000	\$48,001 - 59,200	\$32,001 - 48,000	\$32,000 & Below
8	\$89,001 & Above	\$71,201 - 89,000	\$65,861 - 71,200	\$53,401 - 65,860	\$35,601 - 53,400	\$35,600 & Below
Note:	Add \$9,000 for each additional family member over eight	Add \$7,200 to min. and \$9,000 to max. for each additional family member over eight	Add \$6,600 to min. and \$7,200 to max. for each additional family member over eight	Add \$5,400 to min. and \$6,600 to max. for each additional family member over eight	Add \$3,600 to min. and \$5,400 to max. for each additional family member over eight	Add \$3,600 for each additional family member over eight

The Preventive Health Services Income Chart is used to determine for private pay clients the percentage of actual charges the clients will pay based on family income and size.

I. BILLABLE SERVICES**A. Clinic Visits**

*For information about laboratory tests performed during clinic visits, refer to “Miscellaneous Information” at the end of this section.

B. Procedures:

Intrauterine Device (IUD) Insertion or Removal
Norplant Removal

C. Contraceptive Supplies**D. Treatment Drugs****E. Alcohol Drug Assessments and Referrals****F. Family Support Services****II. ROUTINE FAMILY PLANNING DIAGNOSIS CODES**

The following diagnosis codes should be used in filing Medicaid claims for routine Family Planning services:

Contraceptive Management – New Method or Change in Method

V25.01	Initiation of Oral Contraceptives
V25.02	Initiation of Other Contraceptive (Excludes OCs, NFP, Abstinence, and IUD Insertion)
V25.1	IUD Insertion
V25.9	Unspecified Contraceptive Management (NFP or Abstinence)

Monitoring of Contraceptive Method

V25.41	Contraceptive Pill Surveillance/Repeat Prescription
V25.49	Surveillance of Other Methods (Excludes Pills, IUD and Norplant)
V25.42	Surveillance of IUD (Check, Reinsertion or Removal)
V25.43	Surveillance of Implantable Subdermal Contraceptive

III. DESCRIPTION OF SERVICES AND NECESSARY BILLING INFORMATION

A. CLINIC VISITS (NEW CLIENTS)

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive - High Complexity	99205-FP	See Item II – Routine FP Diagnosis Code List	\$141.76	\$137.66
Comprehensive - High Complexity	99205	Use appropriate medical diagnosis code	\$141.76	\$137.66

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99205 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of high complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

NOTE: It is anticipated that procedure code 99205 will be used rarely, if ever.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive - Moderate Complexity	99204-FP	See Item II – Routine FP Diagnosis Code List	\$112.69	\$109.40
Comprehensive - Moderate Complexity	99204	Use appropriate medical diagnosis code	\$112.69	\$109.40

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99204 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of moderate complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Detailed – Low Complexity	99203-FP	See Item II – Routine FP Diagnosis Code List	\$73.50	\$71.16
Detailed – Low Complexity	99203	Use appropriate medical diagnosis code	\$73.50	\$71.16

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99203 – Office or other outpatient visit for the evaluation and management of a **new patient**, which **requires these three components**:

- A detailed history
- A detailed examination
- Medical decision making of low complexity

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Expanded Problem Focused	99202-FP	See Item II – Routine FP Diagnosis Code List	\$49.69	\$48.60
Expanded Problem Focused	99202	Use appropriate medical diagnosis code	\$49.69	\$48.60

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99202 – Office or other outpatient visit for the evaluation and management of a **new patient**, which **requires these three components**:

- An expanded problem focused history
- An expanded problem focused examination
- Straightforward medical decision-making

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Problem Focused	99201-FP	See Item II – Routine FP Diagnosis Code List	\$28.28	\$28.16
Problem Focused	99201	Use appropriate medical diagnosis code	\$28.28	\$28.16

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99201 – Office or other outpatient visit for the evaluation and management of a **new patient**, which **requires these three components**:

- A problem focused history
- A problem focused examination
- Straightforward medical decision-making

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

B. CLINIC VISITS CONTINUED (ESTABLISHED CLIENTS)

Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive - High Complexity	99215-FP	See Item II – Routine FP Diagnosis Code List	\$98.72	\$96.21
Comprehensive - High Complexity	99215	Use appropriate medical diagnosis code	\$98.72	\$96.21

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99215 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of high complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

NOTE: It is anticipated that procedure code 99215 will be used rarely, if ever.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Detailed – Moderate Complexity	99214-FP	See Item II – Routine FP Diagnosis Code List	\$72.95	\$71.15
Detailed – Moderate Complexity	99214	Use appropriate medical diagnosis code	\$72.95	\$71.15

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99214 – Office or other outpatient visit for the evaluation and management of an **established patient**, which **requires at least two of these three components**:

- A detailed history
- A detailed examination
- Medical decision making of moderate complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Expanded Problem Focused	99213-FP	See Item II – Routine FP Diagnosis Code List	\$48.12	\$47.31
Expanded Problem Focused	99213	Use appropriate medical diagnosis	\$48.12	\$47.31

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99213 – Office or other outpatient visit for the evaluation and management of an **established patient**, which **requires at least two of these three components**:

- An expanded problem focused history
- An expanded problem focused examination
- Medical decision making of low complexity

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN, or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Problem Focused	99212-FP	See Item II – Routine FP Diagnosis Code List	\$29.15	\$29.01
Problem Focused	99212	Use appropriate medical diagnosis code	\$29.15	\$29.01

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99212 – Office or other outpatient visit for the evaluation and management of an **established patient**, which **requires at least two of these three components**:

- A problem focused history
- A problem focused examination
- Straightforward medical decision-making

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

An FP modifier is used with the procedure code when the visit is for routine contraceptive management.

2. Appropriate Staff

Physician, APRN or Expanded-Role Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Minimal	99211-FP	See Item II – Routine FP Diagnosis Code List	\$20.00	\$15.29

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. DHHS Enhanced Services Manual Description

99211-FP – Visits for Supply Pick Up Only Should be coded 99211-FP

Family Planning supply pick up only should be billed using the 99211-FP CPT code (established clients only). This encounter would not include any other visit components such as blood pressure check or STI evaluation. An example of a Family Planning supply pick up only would be when a client comes in to pick up pills because the clinic issued fewer than 13 cycles of pills due to short expiration dates or limited clinic supply.

2. Appropriate Staff

Physician, APRN, Expanded-Role Nurse or RN Staff Nurse

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

NOTE REGARDING APPROPRIATE STAFF:

The RN Staff Nurse operating within the scope of her duties and under standing orders may be included as appropriate staff for codes higher than 99211-FP.

Visit Type	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Minimal	99211	Use appropriate medical diagnosis code	\$20.00	\$15.29

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

1. CPT Manual Description

99211 – Office or other outpatient visit for the evaluation and management of an **established patient** that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

To use procedure code 99211, documentation must reflect dialogue between the clinician and client. For example, if used when discussing test results with a client (i.e. abnormal pap smear), it is not sufficient to document "test results given to client." Rather, be more specific in the documentation, i.e. discussed pap smear findings with client and referral given.

2. Appropriate Staff

Physician, APRN, Expanded-Role Nurse or RN Staff Nurse

4. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

NOTE REGARDING APPROPRIATE STAFF:

The RN Staff Nurse operating within the scope of her duties and under standing orders may be included as appropriate staff for codes higher than 99211.

CPT CODING NOTE:

Usually, time is not considered a key component in selecting the appropriate CPT code; however, in instances where counseling and/or coordination of care dominates (more than 50%) the physician/patient and/or family encounter (face-to-face in the office), then time may be considered the key or controlling factor to qualify for a particular level of E/M service. Both the total time and the extent of counseling and/or coordination of care must be documented in the medical record. It must be obvious in the record that the time documented equals or exceeds the average time for the code selected and that more than half of the time documented was spent counseling and/or coordinating care.

Visit Type	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Postpartum Visit	59430	V24.2	\$103.57	\$99.89

Allowable Frequency: 1 per pregnancy

Permissible Place of Service Code: 71 - Clinic

1. Description

59430 – Postpartum Visit

This visit type applies to clients who received prenatal care from a private provider but present to DHEC for a postpartum exam and postpartum clients who received a tubal ligation after delivery. The private pay client should be charged only for services not considered part of the postpartum visit (i.e., medically necessary lab tests and contraceptive supplies). The private pay client should not be charged for the visit, itself, since the visit is considered completion of Maternity services, and DHEC has no private pay charges for Maternity services.

Miscellaneous Information – Postpartum Visits

A client may be scheduled into clinic for her postpartum visit as early as four (4) weeks post delivery. Up to eight (8) weeks after delivery, the client's post delivery exam is still considered her postpartum visit and is billed to Medicaid as such. At this time, she usually begins to receive Family Planning services.

If a pap smear has not been done within the past six (6) months, it should be done during the postpartum exam if the client is going to receive Family Planning services. The pap smear may be billed to Medicaid using the FP modifier or charged to the private pay client.

A hematocrit or hemoglobin is done routinely during the postpartum visit as a WIC requirement. Therefore, neither Medicaid nor the private pay client should be charged for this test since WIC federal funds pay for it. In this instance, the nurse should write "NC" next to "Hematocrit 85013" on the DHEC 1846 Billing Form.

If a hematocrit or hemoglobin is done as a requirement for Family Planning, and not as a WIC requirement, it may be billed to either Medicaid or the private pay client.

If a client who has not had a tubal ligation presents more than 8 weeks after delivery and receives an exam and a method of birth control, the appropriate visit procedure code should be marked on the DHEC 1846 Form

and billed with an FP modifier, provided all the required CPT visit code requirements are met. A routine Family Planning diagnosis representing the primary method of birth control should be used.

If a client who has had a tubal ligation presents more than 8 weeks after delivery and receives an exam, the appropriate visit procedure code should be marked on the DHEC 1846 Form and billed without the FP modifier, provided all the required CPT visit code requirements are met. Diagnosis code V67.9 should be used. Additionally, medically indicated laboratory tests should be billed without the FP modifier. The exam and medically indicated laboratory tests are billable to Medicaid for clients who have regular Medicaid coverage or OCWI coverage. Clients who have Family Planning Waiver coverage, when this exam and medically indicated laboratory tests are done, should be charged as private pay clients.

2. Appropriate Staff

Physician or APRN

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

C. PROCEDURES**Intrauterine Device (IUD) Insertion or Removal**

Procedure	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
IUD Insertion*	58300-FP	V25.1	\$73.33	\$59.69
IUD Removal**	58301-FP	V25.42	\$75.47	\$71.77

* If the IUD is inserted during the postpartum visit, diagnosis code V24.2 should be used to bill for the visit, and diagnosis code V25.1 should be used to bill for the IUD insertion.

** IUD removal is Medicaid reimbursable if it is medically necessary.

When billing for an IUD insertion or removal, both the procedure code for the appropriate visit type and the procedure code for the insertion or removal should be billed. Contraceptive supplies, if dispensed, and required or medically indicated laboratory tests are also billable.

Allowable Frequency: As medically necessary

Permissible Place of Service Codes: 71-Clinic, 21-Inpatient Hospital

Norplant Removal

DHEC no longer offers the Norplant System as a birth control method. However, Norplant removal is still a service offered by the Family Planning Program.

Norplant removal is Medicaid reimbursable if it is medically necessary. Documentation supporting medical necessity must be attached to the claim form. Normal side effects related to the Norplant are not considered medical complications. Medicaid will not reimburse for removal due to normal side effects.

Procedure	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Norplant Removal	11976-FP	V25.43	\$104.92	\$102.51

When billing for a Norplant removal, both the procedure code for the appropriate visit type and the procedure code for the removal should be billed. Contraceptive supplies, if dispensed, and required or medically indicated laboratory tests are also billable.

D. CONTRACEPTIVE SUPPLIES:**Medicaid Coding**

Service	Procedure Code	Diagnosis	Frequency	DHEC Charge
Oral Contraceptives	S4993-FP	V25.01, V25.41	Maximum of 26 cycles per 12 months*	\$ 5.53/cycle
Paragard Model T380A	J7300-FP	V25.1, V25.42	As required	\$211.68/each
Mirena IUD	J7302-FP	V25.1, V25.42	As required	\$355.62/each
Condoms	A4267-FP	V25.02, V25.49	As required*	\$.74/dozen
Spermicides Cream(1 tube=1ea) Film (1 doz.=1 ea) Foam (1 can = 1ea) Gel (1 box =1 each) Jelly (1 tube=1ea) Suppositories (1 pack = 1 each)	A4269-FP	V25.02, V25.49	As required*	\$ 5.61/each
Diaphragm	A4266-FP	V25.02, V25.49	As required*	\$ 19.43/each
DMPA 150 mg	J1055-FP	V25.02, V25.49	1 per 60 days	\$ 8.69/per dose
Nuva Ring	J7303-FP	V25.02, V25.49	Maximum of 14 rings per 12 months*	\$ 16.20/each
Ortho Evra Patch	J7304-FP (Effective 1-1-05)	V25.02, V25.49	Maximum of 60 patches per 12 months*	\$ 5.40/per patch
Female Condom	A4268-FP	V25.02, V25.49	As required*	\$.98/each

*On the CMS 1500 Claim Form, enter the number of units dispensed in item 24G of the Days or Units column.

NOTES:

1. For oral contraceptives, the Nuva Ring, and the Ortho Evra Patch, the 12-month period begins each time the contraceptive is dispensed. Consequently, for each date of service in which one of these contraceptives is dispensed and billed, the frequency count goes back exactly 12 months (to the day) from the date of service.

2. Plan B, an oral contraceptive, is not covered by Medicaid. Private pay charges, according to the sliding fee scale, are applicable for Plan B whenever it is dispensed.

E. TREATMENT DRUGS

The following treatment drugs/procedure codes are for use in filing Medicaid claims for Family Planning clients:

Treatment Drug	Procedure Code	DHEC Charge
Terazol Cream Tube - 45 gm.	NDC# (Pharmacy Billing)	\$15.82/tube

For information about charges for STI treatment drugs that may be dispensed in integrated clinics, refer to the STI section of this manual.

F. ALCOHOL AND DRUG ASSESSMENTS AND REFERRALS

Refer to Alcohol and Drug Assessments and Referrals section of this manual.

G. FAMILY SUPPORT SERVICE (FSS)

Refer to the Family Support Services section of this manual.

Miscellaneous Information**1. Pregnancy Testing****A. Pregnancy Lab Test**

DHEC does not charge for a pregnancy lab test under any conditions.

B. Visits Associated with Pregnancy Testing

There is no visit charge for clients presenting to the health department for and receiving pregnancy testing only. In this instance, the clinical provider should mark for an established client the appropriate level visit on the DHEC 1846 Form with an “NC” next to the procedure code to designate no charge. For the new client, the provider should mark “Visit Requirements Not Met” on the DHEC 1846 Billing Form.

In instances where an established client presents for pregnancy testing and desires a method of birth control, the encounter turns into a billable supply visit or other Family Planning type visit.

In instances where a new client presents for pregnancy testing and desires a method of birth control, the encounter turns into a billable Family Planning type visit provided all of the required components for an office visit, as specified in the CPT Manual, are met and documented.

2. Family Planning Waiver Coverage

The Family Planning Waiver covers routine Family Planning services only. Routine Family Planning services include visits for contraceptive management (including problem visits that are method related), laboratory tests required by the Family Planning Program for Family Planning purposes and contraceptive supplies. The Family Planning Waiver also covers the following STI tests when they are done during an initial or annual Family Planning visit: Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111). Since the Waiver covers these STI tests when done in conjunction with an initial or annual Family Planning visit, the tests should be billed with an FP modifier, program code 62 (for tests sent to State Lab) and/or program code 20 (for tests done on site), and the routine Family Planning diagnosis code that represents the primary birth control method. The Family Planning Waiver does not cover visits that are not method related.

The Family Planning Waiver will cover one course of antibiotic treatment per year from the approved drug list if the client is diagnosed with one of the following six specific STIs during an initial or annual family planning evaluation/ management visit: syphilis, chlamydia, gonorrhea, herpes, candidiasis, and trichomoniasis.

Neither STI testing nor STI treatment are covered during any visit other than initial and/or annual visits.

The Family Planning Waiver will cover problem visits in which a client is evaluated and it is determined that the problem is method related. For example, a client on the Family Planning Waiver presents to the health department complaining of spotting. She is evaluated, and it is determined that the spotting is due to her not using her current birth control method correctly. Her method may or may not be changed. She may be re-instructed on the proper way to use the method, or she may need a different method. This visit is covered by the Waiver. The visit would be billed using an FP modifier and the routine V diagnosis code that reflects birth control surveillance or initiation of a birth control method.

The Family Planning Waiver does not cover problem visits in which a client is evaluated and it is determined that the problem is not method related.

For example, a client on the Family Planning Waiver presents to the health department complaining of spotting. She is evaluated, and it is determined that the spotting is not related to her birth control method. Instead, the spotting is due to her need for a hysterectomy. This visit is not covered by the Waiver. Private pay charges are applicable.

The Family Planning Waiver will not cover treatment and/or management of side effects/complications of a birth control method.

For example, a client on the Family Planning Waiver presents to the health department complaining of weight gain since being put on Depo. The client is evaluated, and it is determined that the weight gain is due to the Depo. Her birth control method is changed to oral contraceptives. This visit is covered by the Waiver. The visit is billed using an FP

modifier and diagnosis code V25.01 (Initial prescription of oral contraceptives). During this visit, the client is scheduled to return for weight management. When the client returns for weight management, this return visit is not covered by the Waiver. Private pay charges are applicable.

Effective with date of service April 1, 2008, when contraceptives are provided to Family Planning Waiver beneficiaries at their local health department, the following guidelines must be followed:

- First time contraceptive users (*i.e.*, birth control pills, contraceptive patch, vaginal ring) may receive no more than a three-month supply. If no problems exist, upon return, the remainder or the year's supply may be issued.
- Current/previous users may receive a one-year supply.

3. Regular Medicaid Coverage – Fee For Service

Clients who have regular Medicaid are covered for Family Planning services as well as medical services. Routine Family Planning services (*i.e.*, visits for routine contraceptive management, laboratory tests required by the Family Planning Program for Family Planning purposes and contraceptive supplies) should be billed using one of the routine diagnosis codes listed at the beginning of this section under Item II, Routine Family Planning Diagnosis Codes, and an FP modifier with each applicable procedure code. Regular Medicaid also covers the following STI tests when they are done during an initial or annual Family Planning visit: Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111). Since the Waiver covers these STI tests when done in conjunction with an initial or annual Family Planning visit, the tests should be billed with an FP modifier, program code 62 (for tests sent to State Lab) and/or program code 20 (for tests done on site), and the routine Family Planning diagnosis code that represents the primary birth control method.

Medicaid will cover one course of antibiotic treatment per year from the approved drug list if the client is diagnosed with one of the following six specific STIs during an initial or annual family planning evaluation/ management visit: syphilis, chlamydia, gonorrhea, herpes, candidiasis, and trichomoniasis.

Neither STI testing nor STI treatment are covered during any visit other than initial and/or annual visits.

If a client presents with a problem that the clinician thinks might be method related and the clinician evaluates the client to see if the problem is method related, the visit may be billed to Medicaid using a routine Family Planning diagnosis code and an FP modifier. This is true in cases where the problem turns out to be method related and in cases where it is decided after evaluation that the problem is not method related.

If a client presents with a problem that the clinician thinks is not method related and an evaluation of the problem proves this to be the case, the visit should be billed to Medicaid using the appropriate medical diagnosis code and should not have an FP modifier.

Medically indicated laboratory tests that are not required by the Family Planning Program for Family Planning purposes should be billed with the appropriate medical diagnosis code on a separate claim form from one used to bill routine Family Planning services.

4. MHN (PCCM) & HMO

Clients who have Medicaid coverage under the Family Planning Waiver are not eligible to be enrolled in a MHN (PCCM) or HMO

A. MHN (PCCM) Enrollees

Routine Family Planning Visits (i.e., for contraceptive management)

DHEC should bill Medicaid for Family Planning services provided to clients enrolled in a MHN. For clients enrolled in a MHN, Family Planning services, including clinic visits for Family Planning purposes, routine pap smears, laboratory tests required for Family Planning, Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111) tests when they are done during an initial or annual Family Planning visit, and contraceptive supplies, should be billed directly to Medicaid using an FP modifier and the routine Family Planning diagnosis code that represents the primary birth control method. The STI tests should be billed using program code 62 (for tests sent to State Lab) and/or 20 (for tests done on site). Prior authorization from the primary care physician (PCP) is not required.

Problem Visits

If a client presents with a problem that the clinician thinks might be method related and the clinician evaluates the client to see if the problem is method related, the visit may be billed to Medicaid using a routine Family Planning diagnosis code and an FP modifier. This is true in cases where the problem turns out to be method related and in cases where it is decided after evaluation that the problem is not method related. Prior authorization from the primary care physician (PCP) is not required.

If a client presents with a problem that the clinician thinks is not method related and an evaluation of the problem proves this to be the case, the visit should be billed to Medicaid using the appropriate medical diagnosis code and should not have an FP modifier. Prior authorization from the primary care physician (PCP) is required.

Medically indicated laboratory tests that are not required by the Family Planning Program for Family Planning purposes should be billed with the appropriate medical diagnosis code on a separate claim form from one used to bill routine Family Planning services.

B. HMO Enrollees

First Choice (Select Health) and Unison (Better Health)

Routine (i.e., for contraceptive management) Family Planning Services

First Choice (Select Health) does not cover Family Planning services. For clients enrolled in First Choice (Select Health), Family Planning services, including clinic visits for Family Planning purposes, routine pap smears, laboratory tests required for Family Planning, Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111) tests when they are done during an initial or annual Family Planning visit, and contraceptive supplies, should be billed directly to Medicaid using an FP modifier and the routine Family Planning diagnosis code that represents the primary birth control method. The STI tests should be billed using program code 62 (for tests sent to State Lab) and/or 20 (for tests done on site). Prior authorization from First Choice (Select Health) is not required.

Problem Visits

If a client presents with a problem that the clinician thinks might be method related and the clinician evaluates the client to see if the problem is method related, the visit may be billed to Medicaid using a routine Family Planning diagnosis code and an FP modifier. This is true in cases where the problem turns out to be method related and in cases where it is decided after evaluation that the problem is not method related. Prior authorization from First Choice (Select Health) is not required.

If a client presents with a problem that the clinician thinks is not method related and an evaluation of the problem proves this to be the case, the visit should be billed to First Choice (Select Health) using the appropriate medical diagnosis code and should not have an FP modifier. Prior authorization from First Choice (Select Health) is not required.

Medically indicated laboratory tests that are not required by the Family Planning Program for Family Planning purposes should be billed to First Choice (Select Health) (in accordance with First Choice's (Select Health) billing procedures) with the appropriate medical diagnosis code.

Unison (Better Health)

Routine (i.e., for contraceptive management) Family Planning Services

Unison covers Family Planning services. For clients enrolled in Unison, Family Planning services, including clinic visits for Family Planning purposes, routine pap smears, laboratory tests required for Family Planning, Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111) tests when they are done during an initial or annual Family Planning visit, and contraceptive supplies, should be billed directly to Unison using an FP modifier and the routine Family

Planning diagnosis code that represents the primary birth control method. The STI tests should be billed using program code 62 (for tests sent to State Lab) and/or 20 (for tests done on site). Prior authorization from Unison is not required.

Problem Visits

If a client presents with a problem that the clinician thinks might be method related and the clinician evaluates the client to see if the problem is method related, the visit may be billed to Unison using a routine Family Planning diagnosis code and an FP modifier. This is true in cases where the problem turns out to be method related and in cases where it is decided after evaluation that the problem is not method related. Prior authorization from Unison is not required.

If a client presents with a problem that the clinician thinks is not method related and an evaluation of the problem proves this to be the case, the visit should be billed to Unison using the appropriate medical diagnosis code and should not have an FP modifier. Prior authorization from Unison is not required.

Medically indicated laboratory tests that are not required by the Family Planning Program for Family Planning purposes should be billed to Unison (in accordance with Unison's billing procedures) with the appropriate medical diagnosis code.

5. **When billing Medicaid, if STI and/or HIV services are provided in conjunction with Family Planning services, the STI and/or HIV services should be billed on a separate claim form from the one used to bill the Family Planning services. The STI/HIV services should be billed using the appropriate medical diagnosis code(s) and the appropriate program code(s) as specified in the STI and HIV sections of this manual. The only exceptions to this are Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111) tests when they are done during an initial or annual Family Planning visit. Billing information for these exceptions has been covered previously in this section of the manual.**
6. Medicaid clients (age 21 and older) are allowed 12 ambulatory care visits per year, commencing on July 1st of each year. Recipients under age 21 are exempt from this limit. For purposes of this section of the Manual, routine Family Planning visits are also exempt from this limit. However, medical office visits that are not related to routine contraceptive management are subject to the 12 visit per year limit. Consequently, CPT office visit codes 99201 through 99205 (new client codes) and 99212 through 99215 (established client codes) billed without the FP modifier are subject to the 12 visit per year limit. Procedure code 99211 is exempt from this limit.
7. **Medicaid does not cover routine annual examinations or routine pap smears for Medicaid clients who have had tubal ligations, hysterectomies, or have reached menopause.** According to Title X Family Planning Program Policy, clients who have tubal ligations, hysterectomies, or have reached menopause must be discharged from the Family Planning Program.

8. If a private pay client returns contraceptive supplies, for any reason (including a problem with the method), the client should be charged according to the sliding fee scale for the new supplies that are dispensed. The client will not receive credit for the returned supplies. A credit cannot be issued in the Automated Private Pay System. If the client is a Medicaid client, Medicaid should be billed for the new supplies that are dispensed. We do not refund Medicaid the reimbursement we received for the supplies that are returned. Private pay clients should be treated the same as Medicaid clients.
9. Medicaid does not cover Plan B. Private pay charges, according to the sliding fee scale, are applicable for Plan B whenever it is dispensed.
10. **For information about STI services, laboratory tests (other than Chlamydia (87491), Gonorrhea (87591), Gram Stain (87205), RPR (86592), and Wet Mount (Q0111) tests done during an initial or annual Family Planning visit), and treatment drugs, refer to the STI section of this manual.**

FAMILY SUPPORT SERVICES

GENERAL OVERVIEW

- ◆ Family Support Services support and compliment primary medical care. The service goals are:
 - To link patients with a primary care (medical) home;
 - To support appropriate use of the health care system;
 - To reinforce compliance with primary medical care;
 - To enhance the patient's optimal state of health; and
 - To assist the patient to attain the highest possible level of independent functioning relative to his or her health.
- ◆ FSS are based on individual needs and problems that impact the client's overall health. Services may continue as long as there is a documented need and interventions/services are specific to stated goals.
- ◆ Assessments and plans of care in FSS must be developed by an LPHA.
- ◆ Preventive FSS must be provided by an LPHA.
- ◆ Rehabilitative FSS may be provided by LPHAs, Master/Bachelor level staff, and unlicensed health paraprofessionals operating under the supervision of an LPHA. All entries of the paraprofessional must be co-signed by the supervising LPHA.
- ◆ Family Support Services must be billed under the Medicaid number of the client who is the target of the assessment/intervention. In instances where the parent or caregiver is the recipient of the service and the service is billed under the child's Medicaid number, the service billed must demonstrate a direct and significant impact on the health/medical status of the child. In all instances, services billed must demonstrate a direct and significant impact on the health/medical status of the client under whose Medicaid number the services were provided.

BILLABLE SERVICES

- Assessment
- Preventive Individual
- Preventive Group
- Rehabilitative Individual
- Rehabilitative Group
- Supervised Rehabilitative Individual
- Supervised Rehabilitative Group

STAFFING REQUIREMENTS

The minimum credential requirements for providers of FSS services are as follows:

Admission assessments can only be provided by a Licensed Practitioner of the Healing Arts (LPHA). DHEC Professional Offices define this scope of practice to include:

- Physicians
- Registered Nurses
- Registered Dietitians
- Licensed Masters of Social Work

Preventive Family Support Services can be provided only by a Licensed Practitioner of the Healing Arts (LPHA).

Rehabilitative Family Support Services (including re-assessments) can be provided by a Licensed Practitioner of the Healing Arts (LPHA) and, when recommended by an LPHA, by the following:

- Health Educators
- Non-Registered Nutritionists
- Home Economists
- Licensed Bachelors of Social Work
- Disease Intervention Specialists

Supervised Rehabilitative Family Support Services can be provided, when included in a plan by the LPHA, by the following:

- Licensed Practical Nurses (functioning as Public Health Assistants)
- Public Health Assistants

DIAGNOSIS CODES

The suggested diagnosis codes to be used in billing for Family Support Services are:

- V62.9 Unspecified psychological circumstances
- V65.3 Daily surveillance and counseling
- V69.1 Inappropriate diet and eating habits
- V12.1 Nutritional deficiency
- 783.3 Feeding difficulties/mismanagement
- 783.40 Lack of normal physiological development, unspecified
- 783.41 Failure to thrive
- 783.42 Delayed milestones
- 783.43 Short stature
- V65.40 Counseling, not otherwise specified
- V15.9 Unspecified personal history presenting hazards to health
- V60.9 Unspecified housing or economic circumstance
- V61.9 Unspecified family circumstance
- V62.89 Other psychological or physical stress, not elsewhere classified
- V65.49 Other specified counseling, not elsewhere classified

Whenever a specific diagnosis code is warranted, it should be used.

AUTHORIZATION SPECIFICATIONS

- ♦ If the client has traditional Medicaid (i.e., Fee-For-Service and not a member of a PEP or HMO), an authorization for FSS is not required. However, it is essential that the primary care provider approves of the plan of care. Passive forms of communication between the primary care provider and the FSS provider are acceptable. Documentation of communication (may be passive communication) between the FSS provider and the primary care provider regarding the plan of care should be noted in the record. The minimum requirement for communication between the FSS provider and the primary care provider will be on admission to FSS and on discharge from service unless the primary care provider requests otherwise or the client's condition changes as to impact the primary care provider's plan of care.

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- ◆ If the client is a member of a Physician Enhanced Program (PEP), or a Medicaid HMO, all FSS must be provided within the limits of the PEP/HMO's referral. Reason for referral and PEP/HMO authorization number must appear in the client record. The primary difference between the PEP and HMO is that HMOs pay DHEC directly for Family Support Services. It is important to know which HMO the client belongs to so that guidance for service delivery is specific to the contract between DHEC and that particular HMO.
- ◆ When billing for FSS services provided to Physician Enhanced Program (PEP) and/or HMO clients, the PEP/HMO provider's authorization number must be entered on the claim. When submitting PEP/HMO claims electronically using MedBill, enter the authorization number in the appropriate field. When billing hard copy claims or a reject facsimile, enter the authorization number in Field 19.
- ◆ Medically Fragile Foster Care Waiver Project (Richland and Lexington Counties). Services provided to children in this Project must receive a prior authorization from this Project. The authorization number must be entered in Field 19 on the HCFA 1500 Claim Form. Claims submitted without the prior approval will reject with a 976 error.
- ◆ Hospice clients may receive Family Support Services when an authorization has been received to provide a specific service that the client needs. The authorization number must be entered in Field 19 on the HCFA 1500 Claim Form. Claims submitted without the prior approval will reject with a 976 error.

BILLABLE FSS ASSESSMENT

- ◆ In order to bill Medicaid for a FSS assessment, the following documentation is required:
 - Core Assessment Components
 - Client Identified Needs and Concerns
 - Objective Client Data
 - Identification of Risks
 - Professional Recommendations/Plan to Address Risk Factors
 - Source/Reason for Referral
 - Patient Response and Participation Level, If Applicable
 - Notation of Communication with Primary Care Provider
 - If Applicable, Documentation that FSS Follow Up is not Indicated
 - Designation of Preventive or Rehabilitative
 - Service Date, Place of Service and Number of Units of Service
 - ICD9 or V-code
 - Program Code
 - Signature and Title of Service Provider
- ◆ The plan to address risk factors must include a goal-oriented plan of care. The plan of care should include:
 - Goals/Objectives
 - Professional interventions
 - Client tasks
 - Frequency and duration of future contacts
 - Coordination with other providers, as warranted
 - Needed referrals

No specific form is required for documentation of FSS assessments.

- ◆ Once the need for a Family Support Service is identified, the admission assessment should be
- ◆ completed as soon as possible, and **must be completed within 20 working days from the date of the referral in order to be billed.**
- ◆ If the need for FSS is identified from outside of DHEC, the 20 working days start when the
- ◆ referral is received and “stamped in” the health department.
- ◆ Time spent gathering data in preparation for an assessment is a billable FSS service (e.g.
- ◆ telephone contacts, conferences, and physician communication **provided an assessment and goal-oriented plan of care is completed within 20 working days from the date of referral.**
- ◆ When building the assessment, documentation should be on the Coordination/Continuation
- ◆ Sheet (DHEC 1619) with the number of units identified for each date that service is provided. Billing for these services should be held until the assessment and goal-oriented plan of care is completed. **In the rare instances when an assessment and goal-oriented plan of care is never completed, these services would not be billed.**
- ◆ Billing for an assessment initiated by telephone contact is the exception rather than the rule. A plan with goals must be developed, and intervention must be rendered and appropriately documented to support billing for an assessment.
- ◆ If a form is billed as the FSS Assessment but it does not have a billing section (such as the DHEC 3211), it can be referenced on the 1619 and billed on the bottom of that 1619. An alternative to this is to write in the appropriate billing information on the form itself.
- ◆ The source and reason for any client referral, including when client is “self-referred”, must be included in the clinical record.
- ◆ If a provider completes an assessment, and as part of the assessment process determines there is no need for any FSS follow up intervention, then the assessment may be billed, and the fact that no additional follow up is needed should be documented. The assessment can only be billed to FSS if it is not covered by or part of a clinic service.
- ◆ On occasion, a client that has been closed to FSS will need to be reopened. If the client has been closed to **all** FSS providers and it has been 12 months or more since the last admission assessment, a new admission assessment should be completed. If there is a need to reopen a client and it has been less than 12 months since the last admission assessment, a reassessment is appropriate. Non-LPHA staff can provide the reassessment and subsequent interventions.
- ◆ Once an admission assessment has been completed, all follow-up service, including discipline or risk specific re-assessments, should be billed as preventive or rehabilitative follow-up.

PROVISION OF ONGOING SERVICE

- ◆ FSS may continue as long as there is a documented need and related goal.
- ◆ FSS goals should have time frames and be updated as necessary in accordance with client progress.
- ◆ It is possible that FSS follow up may be billed without having billed for a FSS assessment.
- ◆ FSS follow up documentation must include:

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- Progress towards goals, including client's response and participation
- Intervention/service provided
- Review and/or revision of the plan of care as indicated by original or ongoing assessment
- Future intervention plans should be detailed in the assessment and revised as indicated in the plan of care
- Referrals for additional services, as warranted
- Collaboration with other providers, as warranted
- Date of Service, Place of Service, and number of units of service
- Designation of P or R
- ICD9 or V-code
- Program Code
- Signature and title of provider
- Documentation of Public Health Assistant services must be co-signed by an LPHA
- Discharge/termination documentation must include:
 - Reason for closure
 - Date of closure
 - Referrals for other services, if applicable
 - Communication with the primary care provider
 - Signature and title of FSS provider
- ◆ Frequency of contacts and plans for the next encounter, as listed in the plan of care, do not have to be restated in the follow up documentation unless revisions are warranted.

BILLING FOR MORE THAN ONE FSS SERVICE ON THE SAME DAY

- ◆ LPHA services and supervised PHA services can, with supportive documentation, be billed for the same client on the same day.
- ◆ If two providers render the **same type of service** to a client on the same day, all units should be rolled into one billing. If the units are not rolled together, and a legitimate claim rejects with an 852 error code, the claim should be resubmitted in accordance with the procedures outlined under "Medicaid Billing Information" at the end of this section.
- ◆ Family Support Services should not be billed **on the same day** as the post partum newborn home visit. If identified needs require additional follow-up, referrals to FSS may be appropriate.

BILLABLE VS. NONBILLABLE ACTIVITIES

- ◆ **Documentation time may not be added to service delivery time.** To determine the number of units of service to be billed, count the direct service time only. The cost for documentation time is included in the reimbursement rate for each service.
- ◆ Administrative activities (e.g., xeroxing information, faxing information, setting up a record, looking up Medicaid numbers, etc.) are not billable. The costs of such activities are included in the reimbursement rate for each service.
- ◆ Travel time is not billable. The cost associated with travel time is included in the reimbursement rate for each service.

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- ◆ Assisting clients in becoming Medicaid eligible is not a billable service. This activity is covered in the Administrative Functions portion of the MEGA Contract.
- ◆ The time spent writing individualized letters to physicians, patients/caretakers, and other care providers is billable. **Form letters are not billable.**
- ◆ FSS is always initiated with an assessment, but that assessment can be billable to FSS, as described in a previous section entitled "Billing for a FSS Assessment," or it can be non-billable to FSS. The non-billable assessment has less documentation requirements than a billable assessment. The following documentation is required for a FSS assessment that is used to initiate FSS but is not billed to FSS:

Core Assessment Components

- Client Identified Needs and Concerns
 - Objective Client Data
 - Identification of Risks
 - Professional Recommendations/Plan to Address Risk Factors
- ◆ Consultation and conferences may be billed when provided for the benefit of the Medicaid client. When more than one provider is involved, the time may be billed by one provider or "split" between the two of them.
- ◆ Clients who are hospitalized may receive FSS as long as services do not duplicate those provided by hospital staff. These services are billable provided the client is not open to skilled Home Health.
- ◆ If a client is hospitalized and open to skilled Home Health services, FSS can be provided but not billed.
- ◆ Attempted home visits and telephone calls are not billable. In order to bill for a home visit or telephone call to a client's home, a contact must be made with a responsible adult, and the ensuing conversation must be relative to the plan of care for the client. These scenarios should be the exception rather than the rule, as most communication should take place with the client or primary caregiver(s).
- ◆ Whether or not the admission assessment is completed within the specified time frame, follow up services may be billed.

NON-BILLABLE SERVICE UNITS

Family Support Services are provided to both Medicaid and non-Medicaid clients. The Medicaid contract requires reporting of all FSS activity. The non-billable Family Support Services units should be submitted quarterly to Central Office.

Family Support Services are non-billable if:

1. The client does not have Medicaid.
2. The services are not provided in the allowable time frame.
3. The client has received units of service that exceed the annual cap of 40 units of assessment per year, and the units exceeding the cap have been rejected for Medicaid payment.
4. If the client is not established with a primary care provider after nine months, and services continue to be provided.

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5. The services have been provided and, for any reason, are not billable to Medicaid. The most common reasons are listed in items 1 through 4.

The District Third Party Coordinator will submit a quarterly report to Wanda Tyler, Women and Children's Services, of the total number of non-billable units by procedure code for all programs. This information will be forwarded to the Bureau of Finance, Division of Cost Accounting and Reporting.

MISCELLANEOUS INFORMATION

- ◆ Provision of routine medical services may not be billed as Family Support Services.
- ◆ If a client does not have a primary care provider, it is the responsibility of the FSS provider to actively assist the client in finding one within 9 months of initiating FSS. If, after 9 months, the FSS provider is unable to assist the client in identifying a primary care provider, FSS should be provided, as indicated, but not billed.
- ◆ FSS do not have to be billed to an insurance company prior to billing Medicaid. Medicaid should not reject a claim for these services because of other third party liability.
- ◆ FSS is not a Medicaid covered service for clients who have Medicaid eligibility under the Family Planning Waiver.
- ◆ A unit of service generally represents 15 minutes of time spent delivering the service. Documentation of activities must support the number of units billed.

CONSENT ISSUES

- ◆ Medicaid requires a "Signature on File" prior to submission of a claim. Medicaid does not specify a particular form to meet this requirement. Most programs in DHEC use the DHEC 755 (Client Profile) Form as the "Signature on File." However, CRS and Home Health do not. Instead, CRS uses the CRS Application (DHEC 1625 Form), and Home Health uses the DHEC 174 Form. This signature covers clients with traditional Medicaid as well as Medicaid HMOs.
- ◆ Client consent to provide information to the primary care provider must be obtained prior to releasing information. Clients should be encouraged to discuss all health related issues with their primary care provider.
- ◆ A DHEC 1623 (Consent for Release of Information) should be included in the file if any communication is taking place with an established primary care provider. In instances where a client does not have a primary care provider, FSS providers have 9 months in which to provide FSS while trying to link the client to a primary care provider. In this instance, there may not be a primary care provider name to write on a DHEC 1623, so there may be no 1623 in the record. The 1623 cannot be signed prior to knowing the party who will need the information because we cannot add to the form after the client has signed it. This does not affect our ability to bill for our services during this 9-month time frame.
- ◆ If the client refuses to sign a consent for release of information once a primary care provider is identified, then any follow up FSS will not be reimbursable under Medicaid because it does not meet the standard of primary care provider involvement. In this instance, the assessment only is reimbursable. However, a partial release may be obtained that specifies what

information the FSS provider may share with the primary care provider (e.g., client receiving nutrition counseling).

FSS & OTHER DHEC PUBLIC HEALTH SERVICES

CLINICAL SERVICES AND FSS

- ◆ Clinical Services such as EPSDT, CRS, Family Planning, STD, and Maternity are reimbursed as medical services. As a result of these medical assessments, clinical providers often recognize a need for FSS. The clinical provider can refer the client to another provider for FSS follow up based on their assessment, or can initiate FSS follow up. The information gained as part of the clinical assessment can serve as the initial FSS assessment, but is not billed as FSS Assessment. A separate Public Health Client Assessment Form does not have to be completed.
- ◆ If unable to do PP/NB Home Visit within 14 days after delivery, a home visit may be made to a newborn and a comprehensive assessment completed which may be billed to FSS. **Clinical Services provided at this visit are not billable under FSS but can be billed to Nursing Services for Children Under 21.**

HOME HEALTH SERVICES AND FSS:

The home health benefit under the Medicaid Program requires that the client be homebound. The client's physical condition and/or physical limitations are such that it would take a considerable and taxing effort to leave the home. If the client does leave the home, the client may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment.

The following are guidelines for referral, evaluation, and admission to Home Health Services:

- ◆ If a homebound client is in need of skilled services, regardless of payment source, a referral should be made to HHS.
- ◆ Skilled services, because of their complexity, the client's condition, accepted standards of professional practice, and state licensure laws, require the skills of a home health nurse or therapist.
- ◆ Once referred to HHS, an evaluation will be made to determine whether or not the client will be admitted to HHS and what services the client will need.
- ◆ A physician's order is not necessary for the evaluation visit, but if the client is admitted to HHS, all services must be provided under physician's orders.
- ◆ If a HHS client is opened to FSS for social work or nutrition services, all the HHS rules apply with regard to staff qualifications, timeliness in responding to referrals, and frequency of documentation. Client information is documented in Novius Clinical View and filed in the Home Health record. If the client is open to other programs, such as CRS, coordination of care should be documented.
- ◆ Clients admitted to FSS who do not require skilled Home Health Services may be followed by HHS staff for individual or group services as determined by the district. Novius Clinical View may be used to document these services.
- ◆ The following are guidelines to help with coverage and documentation of HHS/FSS clients:

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- If client is dually eligible for Medicare and Medicaid and meets the Medicare Home Health criteria for admission, ALL services are covered under Medicare. All Home Health guidelines must be met. FSS may not be provided because it is duplicative.
- Once a dually eligible client is closed to HHS, a Discipline and a Home Health Agency Discharge are completed for the certified episode. If FSS are needed after closure to HHS, a non-certified episode is opened for these services, and the transition from skilled care to supportive services should be clearly documented in the record.
- If a client is reopened to HHS Medicare, then ALL services must be covered under Medicare, and the Medicare guidelines for HHS must be followed. The transition back to HHS Medicare requires a new certified episode to be created and new discipline assessments to be completed. The transition from FSS to skilled HHS should be clearly documented in the record.
- If a client is skilled HHS Medicaid ONLY, Social Work and Nutrition services are billed through FSS. A non-certified episode is open for Social Work and Nutrition, while skilled Nursing, Therapy, and Home Health Aide services are provided in the certified episode. Physician orders must be obtained and Home Health guidelines followed by all disciplines. In addition, FSS guidelines must be followed for the non-certified services.
- Once the Medicaid ONLY client is closed to HHS, a Discipline and an Agency Discharge are completed. If services are continued through FSS, a non-certified episode is created. The transition from skilled HHS to FSS should be clearly documented.

BABYNET AND FSS:

What is BabyNet?

BabyNet is South Carolina's Early Intervention System for children birth to three with developmental delays. BabyNet provides specific services and supports to enhance the development of the child in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). BabyNet is administered through the U.S. Department of Education. For children and families eligible for BabyNet, the right to services is a protected civil right.

How Does BabyNet provide services?

Child and family outcomes are detailed in the child's Individualized Family Service Plan (IFSP). This plan is developed by an IFSP team comprised of the BabyNet service providers who are treating the child, the BabyNet Service Coordinator, and the parent(s). The IFSP team determines the frequency, duration, and intensity of BabyNet services necessary to assist the child and family in meeting the identified outcomes. The IFSP must be reviewed at least every six months, and a new IFSP must be developed at least annually.

The IFSP team meeting is facilitated by the BabyNet Service Coordinator. Each child eligible for BabyNet has a BabyNet Service Coordinator that is responsible for coordination of needed services across agencies and providers. This person may be an Early Interventionist with the SC Department of Disabilities and Special Needs or the SC School for the Deaf and Blind, the DHEC BabyNet Coordinator, or a private provider (e.g., Easter Seals, Bright Start, etc.).

Can FSS providers serve BabyNet eligible children?

FSS providers can provide FSS to BabyNet eligible children. These services may include:

- ◆ Contributing to the IFSP through nutrition, social work, nursing or health education services (e.g., a nutritionist developing goals and a plan for failure to thrive).
- ◆ FSS providers have medical/health knowledge that can assist the IFSP team members in better meeting the needs of children with complex medical conditions.
- ◆ FSS providers are usually involved with many of these children through health department services. Being involved in the IFSP will allow for greater continuity of care and decreased fragmentation.

Must FSS providers attend IFSP team meetings?

In most instances, FSS provided to a BabyNet child should be incorporated into the child's IFSP. For this to occur, FSS providers must be present at the child's IFSP meeting at least annually to assist in the development of outcomes for the child/family. FSS can provide vital insight into the medical needs of the child as they relate to the attainment of outcomes. It is important that coordination of care and communication between providers serving the same child/family be maintained. This coordination will ultimately lead to a higher chance of successful intervention for both programs.

Can a FSS provider bill FSS for attending an IFSP meeting?

If the FSS provider is providing services to the child/family in accordance with an established plan of care, then this service may be billed to Medicaid. The documentation should relate back to the plan of care.

Can a FSS provider bill for coordinating and completing the IFSP document?

No. Federal regulations require that the person completing the IFSP document must be the child's BabyNet Service Coordinator. The BabyNet Service Coordinator is a single person responsible for coordinating all BabyNet services across agencies.

If the BabyNet child does not have Medicaid, will FSS providers still be required to provide services that are non-billable?

FSS providers should follow FSS policies and health district guidance regarding the provision of services to children/families with no payer sources.

Are FSS and BabyNet personnel standards the same?

No. Staff who facilitate the development of the IFSP or who provide BabyNet service coordination are required to complete BabyNet Service Coordination training and apply for and obtain their South Carolina Infant-Toddler Credential. Unlike FSS, most BabyNet staff do not meet the Licensed Practitioners of Healing Arts (LPHAs) qualifications.

How are referrals between programs made?

When the need for services is identified, BabyNet staff will refer eligible infants and toddlers for FSS services. Referrals will be made in a timely manner. Under federal regulations, FSS staff must refer children birth to three with suspected developmental delays to BabyNet within 2 working days.

How can we ensure there is no duplication of services?

If the infant/toddler is enrolled in BabyNet, the FSS provider contacts the BabyNet Service Coordinator to determine if the needs identified on the FSS referral are being addressed through the IFSP. BabyNet can provide the requested information regarding services the child is receiving if the parents have given consent to the exchange of information within DHEC.

If needs identified on the FSS referral are already being met through BabyNet, communicate this information to the referral source and document it in the record. If the needs identified on the FSS referral are not being addressed, the FSS provider will complete the assessment.

The FSS provider and the BabyNet Service Coordinator should continue to communicate with each other regarding the status of the child in relation to ongoing services and any identified needs.

How should the FSS provider document FSS provided to BabyNet eligible children/families?

FSS providers should follow the standard FSS documentation guidelines.

Sharing of documentation between the FSS provider and the BabyNet Service Coordinator

With parent permission, copies of FSS documentation should be sent to the BabyNet Service Coordinator, and a copy of the IFSP should be sent to the FSS provider to include in the medical record. At this time, the IFSP may serve as the FSS coordinated plan of care.

ADMINISTRATIVE CONTRACT SERVICES AND FSS

Some services are provided within the context of an administrative contract that covers the salary of the provider (EPSDT Outreach Nurses and other staff paid on the Medicaid Administrative Services segment of the Mega Contract). Providers paid on an administrative contract cannot bill for their services. The only exception to this is if a district makes a management decision to split fund these individuals and assure that PCAS supports both earned FSS as well as administrative activity.

OTHER GRANT FUNDED POSITIONS AND FSS

In order to expand FSS provided by staff funded by a grant, the positions should be split funded and PCAS should support grant activity as well as FSS activity.

WIC SERVICES AND FSS

When providing WIC services, it is important to remember that WIC funds are allocated to the districts to provide two nutrition encounters for WIC participants. The following guidelines should be used when providing services to a WIC recipient:

1. Clients with **high-risk** nutrition conditions should be referred to a Registered Dietitian for FSS. FSS can be billed at the time nutrition services are provided. Two WIC nutrition encounters must be provided and clearly documented during the WIC certification period. WIC and FSS may occur on the same day.
2. Clients with **low-risk** conditions must receive two WIC nutrition encounters prior to providing FSS nutrition.
3. Nutrition education provided during the WIC certification process will count as one of the nutrition education contacts. A second nutrition education encounter (either individual or group) may be provided by the following health care providers: nurses, LPNs, home

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economists, health educators, nutritionists, and breastfeeding peer counselors as outlined in the WIC State Manual.

4. Documentation for WIC services should be done on the WIC DEF (DHEC Form 1862) in the Health/Nutrition Education section.
5. Any nutrition encounters that are provided over and above WIC requirements can be billed to FSS.

GUIDELINES FOR GROUP INTERVENTION

- ◆ Following an initial FSS Assessment or a referral from a physician/primary care provider, Rehabilitative interventions may be provided in a group setting by any provider as designated in the Plan. Preventive group interventions must be provided by an LPHA.
- ◆ Interventions may be provided in the home, clinic, school, and other appropriate settings.
- ◆ Group Interventions must be planned and specifically focused to help members meet their individual needs and help the group accomplish their goals.
- ◆ Curricula/lesson plans/outlines for each group intervention must be maintained by the applicable discipline director and available upon request for quality assurance purposes.
- ◆ The suggested facilitator/client ratio is 1:15; Audiovisuals MAY NOT be used as a substitute for the facilitator.
- ◆ Lesson plans or outlines for each topic/problem addressed in the group are required. Plans/outlines should be maintained with the applicable discipline director. The lesson plan or outline should include purpose/educational goals and specific objectives, content bullets, appropriate delivery methods/activities, media/resources, and methods for evaluating behavior change and obtaining feedback from clients. The lesson plan/outline serves as reference and proof that the intervention is targeted to meet client needs.
- ◆ Documentation of group services must be made in the individual's client record and should include individual responses to treatment and outcomes.
- ◆ Documentation for group services should include date/place/type of service, topic and relative goals addressed, signature/title of provider, # units, ICD9/V code, Program code.

RELATIONSHIP BETWEEN FSS AND OTHER PROVIDERS

CHILDREN SERVED BY SEVERAL AGENCIES/PROVIDERS

Children with special health care needs served by DHEC (i.e., BabyNet, CRS and/or Home Health) are often served by several agencies/providers, such as: Department of Disabilities and Special Needs (DDSN), Department of Education (DOE), Head Start, School for the Deaf and Blind, Sickle Cell Foundation, Commission for the Blind (COB), and/or South Carolina Vocational Rehabilitation. If the child requires extensive medical and developmental services, there are usually numerous providers involved. All documentation related to services provided to children who are very involved medically and/or developmentally should clearly reflect coordination among involved providers/agencies. Duplication of services should be avoided.

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Regardless of the forms used, the documentation must clearly reflect that agencies/providers are coordinating and not duplicating services. If a provider receives a client and a plan of care from another agency/provider, that plan should serve as a database for developing a new plan so that continuity of care can be achieved. Staffing with a previous provider should be part of the development of a new plan.

Most other providers who work with children with special health care needs do not address the health needs of the client unless those needed prevent optimal functioning. For example, a school Individual Education Plan (IEP) may address fine motor skills but not the medication regimen for management of seizures. Therefore, it is important to coordinate the IFSP or FSS Plan of Care with the school IEP.

HOSPICE

Clients served by Hospice will have all their needs met by the hospice provider. Hospice works like a managed care system. Hospice Medicaid services are effective on the date the hospice application is completed. Services rendered on or after this date will be rejected unless an authorization number is obtained from the hospice provider. If a specific service is needed by a client, prior authorization must be obtained by calling the hospice provider, reviewing the service to be provided and receiving an authorization number.

RESIDENTIAL CARE

If a client lives in a residential care facility (e.g., boarding home, assisted living) versus a therapeutic care facility (e.g., mental health, alcohol/drug treatment facility, etc.), then FSS can be provided and billed to Medicaid. Therapeutic care facilities are required through their licensing boards to provide supportive services. If uncertain about the scope of services provided by a facility, call the Community Residential Care Program at 803-898-4907.

SICKLE CELL FOUNDATION

The four community Sickle Cell foundations develop and maintain programs that will promote the dissemination of information about sickle cell anemia. In conjunction with DHEC Sickle Cell clinics, the foundations also determine the needs of clients that have tested positive for sickle cell anemia and/or sickle cell trait and see that their needs are met through screening, testing, case management, education, counseling, and information referral.

The four foundations are:

James R. Clark Memorial Sickle Cell Foundation **Tel. (803) 765-9916**

P.O. Box 4784
Columbia, SC 29204

COBRA Sickle Cell Program **Tel. (843) 722-2964**

54 Morris Street
Charleston, SC 29203

Barksdale Sickle Cell Anemia Foundation **Tel. (864) 583-1565**

P.O. Box 191
Spartanburg, SC 29304

Orangeburg Area Sickle Cell Foundation**Tel. (803) 534-1716**

P.O. Box 892

Orangeburg, SC 29116

The foundations often request FSS. It is important that a working relationship be established with the foundations so that roles are clearly established.

MEDICAID SPONSORED WAIVER AND/OR CASE MANAGEMENT PROGRAMS

Only FSS that targets nutrition related problems should be provided routinely to patients participating in Medicaid sponsored Home and Community Based Services Waiver programs (e.g., Elderly/Disabled, Head and Spinal Cord Injured, HIV/AIDS, Mechanical Ventilator Dependent, Mental Retardation/Related Disabilities).

FSS provided to clients participating in Medicaid sponsored waiver and/or targeted case management programs (e.g., DDSN, DJJ, COC) should be coordinated with the client's case manager to avoid confusion and duplication/overlap.

Participation by FSS providers in inter/intra-agency staffing groups relevant to the client's plan of care is beneficial. This participation decreases duplication/overlap of services and promotes optimal use of primary care. The FSS provider's participation in these groups should be directly related to the FSS plan of care.

If an applicable interagency/interdisciplinary group does not exist, some form of communication between all entities involved should be developed. Documented communication between all entities and the client or family is required.

DEPARTMENT OF SOCIAL SERVICES (DSS)

Clients who are participating in the "Temporary Assistance to Needy Families" (TANF) Program may be referred to the health department for required risk reduction classes. Upon such referral, an assessment to determine risks must be completed by an LPHA, or a referral/recommendation must come from the primary care provider. Some TANF clients receive an exemption from work to care for a disabled family member. Guidance and counseling can be provided under FSS to assist the TANF client in proper care giving if it is coordinated through the disabled individual's primary care provider.

MEDICAID BILLING INFORMATION

Service Type	Procedure Code	*Required Modifiers for Provider/Service Type	DHEC Charge Per Unit (Effective 04/01/05)	Allowable Frequency
Assessment	S0315	TD, HN or HO	\$39.00 per 15 minute unit	40 Units Per Year
Preventive Individual	S9445	TS	\$39.00 per 15 minute unit	As Indicated
Preventive Group	S9446	TS	\$12.50 per 15 minute unit	As Indicated
Rehabilitative Individual	S0316	TD, HN or HO	\$39.00 per 15 minute unit	As Indicated
Rehabilitative Group	96153	TD, HN or HO	\$12.50 per 15 minute unit	As Indicated
Supervised Rehabilitative Individual	S0316	HM	\$17.25 per 15 minute unit	As Indicated
Supervised Rehabilitative Group	96153	HM	\$11.25 per 15 minute unit	As Indicated

***Modifier Key:**

TD = Registered Nurse (RN)

HN = Bachelor's Degree Level

HO = Master's Degree Level

TS = Follow-Up Service

HM = Less than a Bachelor's Degree (Used by LPNs and Public Health Assistants providing Supervised Rehabilitative services)

Modifier Key Notes:

1. Registered Nurses should always use the TD modifier when billing for FSS Assessment (procedure code S0315), Rehabilitative Individual FSS (procedure code S0316), or Rehabilitative Group FSS (procedure code 96153).

Third Party Manual for Women and Children's and Disease Control Services

2. All other Licensed Practitioners of the Healing Arts (LPHAs) should use either the HN or HO modifier, depending upon highest level of completed education, when billing for FSS Assessment (procedure code S0315), Rehabilitative Individual FSS (procedure code S0316), or Rehabilitative Group FSS (procedure code 96153).
3. Registered Dietitians, Social Workers, Health Educators, Non-Registered Nutritionists, Home Economists, and disease Intervention Specialists should use either the HN or HO modifier, depending upon the highest level of completed education, when billing for Rehabilitative Individual (S0316) and Rehabilitative Group (96153).
4. All Preventive Individual FSS (procedure code S9445) and Preventive Group FSS (procedure code S9446) should be billed using the TS modifier, regardless of provider type or level of education of provider.
5. Paraprofessionals (including Public Health Assistants and Licensed Practical Nurses) should always use the HM modifier when billing for Supervised Rehabilitative Individual FSS (procedure code S0316) or Supervised Rehabilitative Group FSS (procedure code 96153).

Permissible Place of Service Codes: Clinic (71), Doctor's Office (11), Client's Home (12), Inpatient Hospital (21), Outpatient Hospital (22), School (3), Other (99)

Note: The frequency edit for assessment is counted as a 12-month year from the first date of service.

Program Billing Codes

Family Planning	66	CRS	72
Children's Health	67	STD/HIV	78
Maternity	69	TB	79
Home Health	71	Other FSS	73*

*When an adult receiving FSS cannot be identified with a particular program code, program code 73 should be used.

Procedures for Processing a Claim with a "852" Edit

If a claim rejects with error code "852" (Duplicate Provider/Service for Date of Service), please do the following:

- Verify whether or not this is a valid duplicate. If the claim is not a legitimate second service on a given date for the same provider, then this is a valid reject and should not be resubmitted.
- If the claim is for a legitimate second service on a given date for the same provider, the claim must be resubmitted using the modifier specified in the following chart for Assessment, Preventive Individual, Preventive Group, Rehabilitative Individual, or Rehabilitative Group.

If the claim is for additional units of Supervised Rehabilitative Individual or Supervised Rehabilitative Group, the claim can not be submitted electronically. Instead, a Void and Replacement claim must be submitted. In this instance, the entire first claim should be voided, and the replacement claim should include the total units of service to be billed.

Service Type	Procedure Code	Required Modifiers on Original Claims	Required Modifier on Resubmitted Claims for Additional Units
Assessment	S0315	TD, HN or H0	99
Preventive Individual	S9445	TS	99
Preventive Group	S9446	TS	99
Rehabilitative Individual	S0316	TD, HN or H0	99
Rehabilitative Group	96153	TD, HN or H0	99
Supervised Rehabilitative Individual	S0316	HM	NA*
Supervised Rehabilitative Group	96153	HM	NA*

The only modifier that should be put on the claim that is resubmitted for payment of additional units for Assessment, Preventive Individual, Preventive Group, Rehabilitative Individual, or Rehabilitative Group is 99.

There is no modifier to put on claims for additional units of Supervised Rehabilitative Individual or Supervised Group. To claim additional units of service, the first or original claim must be voided in its entirety. A replacement claim for the total number of units to be billed should be attached to the voided claim and submitted to the Medicaid Agency in accordance with the guidelines set forth by the Bureau of Finance.

- If the claim is for a legitimate third service on a given date for the same provider, the claim must be submitted hard copy. In this instance, a HCFA 1500 Form, all pertinent FSS clinic notes (for all involved disciplines) for the given date of service, and a letter explaining that this is a third legitimate service for the same date of service must be submitted.

All letters should be addressed to Audrey Brown, Program Coordinator, Medical Support Services, Division of Care Management, SC Department of Health and Human Services, P.O. Box 8206, Columbia, SC 29202-8206.

The original claim, cover letter, and all supporting documentation should be sent directly to DHHS as referenced above. In order for the Bureau of Finance to properly receipt any resulting payment, a copy of the claim should be sent to Betty Adams, Bureau of Finance, SC DHEC.

UNDUPLICATED FSS CLIENTS

The District Third Party Coordinator should submit a quarterly report of the number of unduplicated FSS clients served by all programs to: Wanda Tyler, WCS.

NON-PROGRAM RELATED HEALTH SERVICES

There are a few **non-program related** health services that may be available in certain DHEC health departments. These services are not rate-scaled. Clients are charged full charges.

TUBERCULIN SKIN TESTING FOR EMPLOYMENT

The primary non-program related service that is available in DHEC clinics is tuberculin skin testing for employment. Medicaid does not cover tuberculin skin testing for employment purposes. All clients should be treated as private pay clients and should be charged a visit fee, an administration fee, and a fee for the PPD skin test as follows:

Visit Fee (99211) = \$20.00

Administration Charge (90772) = \$5.00

PPD Charge = \$3.00

Medically indicated tuberculin skin tests will be provided through TB and should be not billed to Medicaid or charged to the private pay client.

CHEST X-RAYS FOR EMPLOYMENT

If a Region's policy is to provide chest x-rays for employment, all clients receiving this service should be treated as private clients and should be charged a visit fee, an administration fee, and a fee for the chest x-ray as follows:

Visit Fee (99211) = \$20.00

Administration Charge (90772) = \$5.00

Chest X-Ray, Single View Frontal = \$16.93

Chest X-Ray, Frontal and Lateral = \$21.67

Medically indicated chest x-rays will be provided through TB and should be not billed to Medicaid or charged to the private pay client.

LABORATORY TESTS FOR PERSONS PRESENTING WITH A DOCTOR'S ORDER

If a Region's policy is to provide laboratory tests to persons presenting with a doctor's order, the charges will include the fee for the venipuncture plus the charge for the laboratory test. If the client has Medicaid and the test is medically indicated, then Medicaid should be billed for the venipuncture plus the laboratory test. If the client does not have Medicaid or has Medicaid but the test is not medically indicated, and, therefore, not covered by Medicaid, the client should be charged as a private pay client.

Third Party Manual for Women and Children's and Disease Control Services

Charges for a non-program related laboratory test are as follows:

Venipuncture = \$3.00

Laboratory Test = Refer to the Laboratory Services section of this manual for the correct charge.

If the service is billed to Medicaid, procedure code 36415 should be used to bill the venipuncture, and the procedure code applicable to the laboratory test should also be billed. The appropriate medical ICD-9 code should be listed on the claim form. Program code 65 should be used.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) SERVICES

HIV Clinic Services are central to the prevention of HIV infection within the community. Each county health department provides confidential HIV counseling and testing for persons wanting the test. Partner notification is provided for sex and needle sharing partners of clients with positive test results. Health Departments provide medical support service referrals for persons with HIV infection. Nurses or Lab technicians are responsible for the laboratory serum specimen collection.

Clients receiving HIV services should be screened for Medicaid. If the client is Medicaid eligible, a claim should be filed for services rendered, provided the client consents and signs the Assignment of Benefits on the DHEC 0788 Form. Medicaid payment should be accepted as payment in full. The Medicaid payment system has confidential indicators on all HIV diagnoses. Consequently, an Explanation of Benefits will not be sent to the client's home.

If the client is not Medicaid eligible or does not want Medicaid billed for HIV services, the client should be treated as a private pay client. Private pay charges for HIV services should be rate scaled, based on family size and income, using the Preventive Health Services Income Chart in the Family Planning section of this manual.

In the initial private pay interview, an Assignment of Benefits (i.e., DHEC Form 0788) is completed, and client demographic and financial information is entered into CARES. During subsequent visits, client demographic and financial information should be updated in CARES if changes have occurred since the last visit. The client financial information allows the client to be classified into one of five poverty level categories based on family size and income level. Private pay categories are 100%, 75%, 50%, 25%, and 0%. Depending upon the category, the client will be asked to pay all, part, or none of the standard clinic charge(s).

If the private pay client claims to have insurance coverage for HIV services, the Region has the discretion to charge the client as a private pay client or to file the claim to the insurance company, provided the client consents and signs the Assignment of Benefits on the DHEC 0788 Form. When filing an insurance claim, the claim should be submitted with the full DHEC charge rather than the rate scaled amount. Subsequently, when an insurance payment is received, the insurance payment is accepted as full payment for services rendered. If the services rendered are not covered by insurance, payment should be requested from the client based on the income category.

A client must not be denied HIV services because he or she cannot pay a fee.

Billing Exceptions

DHEC does not have private pay charges for the following categories of clients:

- **Contacts to syphilis and to HIV infection**
- **Persons with signs or symptoms of syphilis will not be charged for diagnosis or any follow-up treatment if infected.**
- **Person receiving follow-up testing and services for a positive HIV test.**
- **Initial (one-time) CD4 and Viral Load tests. Follow-up tests should be billed.**

- **Clients receiving HIV screening in the community (i.e., targeted outreach for high risk populations)**

Medicaid should not be billed for the exceptions noted above. Private insurance may be billed for these categories of clients, provided the clients consent and sign the Assignment of Benefits on the DHEC 0788 Form.

Services provided to all clients, including those in the zero percent private pay category, should be captured in accordance with the Agency policy for “Tracking of Services/Goods Provided and Accrual of Charges.”

Refer to the [Automated Private Pay System Help Manual](#) and the [Automated Private Pay System External Procedures Manual](#) for private pay billing instructions. These manuals are on the DHEC intranet web site. The web site addresses are listed in the Private Pay section of this manual.

PRIVATE PAY CLIENTS – DELINQUENT LETTERS

Delinquent letters to collect balances due for STD/HIV services will only be sent to the client’s residence if the client agrees. The check box for delinquent letters in the Automated Private Pay System will automatically default to no check mark in the box which means mail (i.e., delinquent letters) will not be sent to the home. Each time the client presents for service, he or she should be asked if mail may be sent to the home. If the client agrees that mail may be sent to the home, the box should be checked. If the client does not want mail sent to the home, the box should be unchecked. Once the box is checked, it will remain checked unless a staff member removes the check mark. Likewise, if the box is unchecked, it will remain unchecked unless a staff member puts a check mark in the box.

MEDICAID PRIOR AUTHORIZATION REQUIREMENTS

Medicaid Coverage Type	Prior Authorization (PA) Requirements
Regular Medicaid Fee-for-Service	PA Not Required
Family Planning Waiver	N/A - HIV Services Not Covered
MHN (PCCM) Enrollee	PA Not Required
Medicaid HMOs	N/A – HIV Services Covered Under Regular Medicaid Fee-For-Service

MEDICAID BILLING INFORMATION

HIV services provided to Regular Medicaid Fee-For-Service clients, Medicaid MHN (PCCM) clients, and Medicaid HMO clients, clients should be billed directly to Medicaid.

HIV services provided in conjunction with routine Family Planning services should be billed on a separate claim form from the one used to bill the routine Family Planning services.

HIV services should be billed using one of the diagnosis codes listed in this section of the manual or any diagnosis code in the range 079.50 through 079.59. If a diagnosis code other than one referenced in this section of the manual is used to bill HIV services, the claim will reject for Medicaid HMO clients and may reject for MHN (PCCM) clients.

I. BILLABLE SERVICES

- A. Clinic Visits
- B. Contraceptive Supplies
- C. Referred Laboratory Tests
- D. Alcohol and Drug Assessments and Referrals
- E. Family Support Services

II. DIAGNOSIS CODES

The following diagnosis codes are for use in filing Medicaid claims for HIV services (these diagnosis codes have confidential indicators).

V01.79	Contact to HIV
042	HIV infections, unspecified
V08	Asymptomatic HIV infection
V65.44	HIV Counseling
795.71	HIV Test – Inconclusive

In addition to the diagnosis codes listed in this section, DHHS will accept any diagnosis code in the range 079.50 through 079.59.

III. DESCRIPTION OF SERVICES

A. Clinic Visits (New Client)

Medicaid clients (age 21 and older) are allowed 12 ambulatory care visits per year, commencing on July 1st of each year. Recipients under age 21 are exempt from this limitation.

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive – High Complexity	99205-P2	See Diagnosis Code List	\$141.76	\$137.66

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – clinic

Program Code: 57

1. CPT Manual Description

99205 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of high complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

NOTE: It is anticipated that procedure code 99205 will be used rarely, if ever.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive - Moderate Complexity	99204-P2	See Diagnosis Code List	\$112.69	\$109.40

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – Clinic

Program Code: 57

1. CPT Manual Description

99204 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of moderate complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Detailed – Low Complexity	99203-P2	See Diagnosis Code List	\$73.50	\$71.16

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – Clinic

Program Code: 57

1. CPT Manual Description

99203 – Office or other outpatient visit for the evaluation and management of a **new patient**, which **requires these three components**:

- detailed history
- A detailed examination
- Medical decision making of low complexity

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Expanded Problem Focused	99202-P2	See Diagnosis Code List	\$49.69	\$48.60

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 57

1. CPT Manual Description

99202 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- An expanded problem focused history
- An expanded problem focused examination
- Straightforward medical decision making

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician.

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Problem Focused	99201-P2	See Diagnosis Code List	\$28.28	\$28.16

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 57

1. CPT Manual Description

99201 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A problem focused history
- A problem focused examination
- Straightforward medical decision making

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

B. Clinic Visits (Established Clients)

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive – High Complexity	99215-P2	See Diagnosis Code List	\$98.72	\$96.21

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 57

1. CPT Manual Description

99215 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of high complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

NOTE: It is anticipated that procedure code 99215 will be used rarely, if ever.

2. Appropriate Staff
Registered nurse, nurse practitioner/clinical nurse specialist, physician.
3. Documentation Requirements
Adult Clinical Encounter Form – DHEC 3212
Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Detailed – Moderate Complexity	99214-P2	See Diagnosis Code List	\$72.95	\$71.15

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – Clinic

Program Code: 57

1. CPT Manual Description

99214 – Office or other outpatient visit for the evaluation and management of an **established patient**, which **requires at least two of these three components**:

- A detailed history
- A detailed examination
- Medical decision making of moderate complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Expanded Problem Focused	99213-P2	See Diagnosis Code List	\$48.12	\$47.31

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 57

1. CPT Manual Description

99213 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- An expanded problem focused history
- An expanded problem focused examination
- Medical decision making of low complexity

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Problem Focused	99212-P2	See Diagnosis Code List	\$29.15	\$29.01

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 57

1. CPT Manual Description

99212 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- A problem focused history
- A problem focused examination
- Straightforward medical decision making

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Estab. Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Minimal	99211-P2	See Diagnosis Code List	\$20.00	\$15.29

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 57

1. CPT Manual Description

99211 – Office or other outpatient visit for the evaluation and management of an **established client** that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

A P2 modifier must be used with the procedure codes for HIV visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

C. Contraceptive Supplies

All Contraceptive Supplies and associated charges are listed in the Family Planning Services section of this manual.

If male or female condoms are issued for family planning purposes, there is a charge as specified in the Family Planning Services section of this manual. If they are issued for the prevention of STDs, there is no charge. All other contraceptive supplies may be billed with an FP modifier or charged to the private pay client using the sliding fee scale.

Permissible Place of Service Codes: Clinic – 71 or Client's Home - 12

Program Code: 57

D. Laboratory Services

1. STAT HIV Laboratory Tests

- HIV OraQuick Rapid Test

Currently, there is no charge to any payer source for the HIV OraQuick Rapid Test.

2. Referred HIV Laboratory Tests

- HIV (EIA)
- HIV Western Blot
- HIV P-24 Antigen Test
- HIV (Orasure)
- HIV Viral Load (PCR Quantitative)
- PCR Qualitative
- CD4 – Lymphocyte Subset Panel

Procedure codes and DHEC charges are listed in the Laboratory Services section of this manual.

If applicable, a collection fee for a venipuncture may be assessed if a visit fee is not charged. Please refer to the Laboratory Services section of this manual.

Permissible Place of Service Codes: 81 – State DHEC Lab
Program Code: 56

Please note that the laboratory tests referenced above are HIV tests. If medically indicated, non-HIV laboratory specimens are taken during an HIV clinic visit, refer to the Laboratory Services section of this manual for procedure codes and DHEC charges.

E. Alcohol and Drug Assessments and Referrals

Refer to Alcohol and Drug Assessments and Referrals section of this manual.

E. Family Support Services (FSS)

Refer to Family Support Services section of this manual.

HOME HEALTH SERVICES
POLICY AND PROCEDURE
ADMINISTRATION
SECTION 1000

LAST REVISION:

1010	Policy and Procedure Manual	August 2007
1020	Philosophy	August 2007
1030	Mission Statement	August 2007
1040	Administrative Management	August 2007
1041	Disclosure of Ownership	August 2007
1060	State Advisory Council	August 2007
1070	Advisory Council Orientation	August 2007
1080	Public Information Plans	November 2005
1090	Retention Schedule	August 2007
1100	Home Health Compliance Plan	May 2008

Subject: 1010 Home Health Services Policy and Procedure Manual

Policy Statement:

Home Health Services' policies and procedures will be established and reviewed annually by the Home Care Services State Advisory Council.

Regulations:

Conditions of Participation: 484.16; Group of Professional Personnel Interpretive Guidelines, G153.

Procedure:

1. The policies and procedures in the Home Health Services Manual of Administrative Policies and Procedures are adopted for use by all DHEC Home Health Services providers.
2. The Division of Home Health Services shall serve to draft administrative policies and procedures for Home Health Services with input from region home health services staffs, professional policy committees and the Home Health DHEC Advisory Councils.
3. Drafts of administrative policies and procedures shall be submitted to the Health Services Director of Clinical Services and the Home Care Services State Advisory Council for action during any quarterly meeting. Upon Home Care Services State Advisory Council approval, administrative policies and procedures shall be incorporated into the Home Health Services Manual of Administrative Policies and Procedures via the DHEC Health Services Manual website. The Health Services Manual Oversight Committee's procedure for notification of agency staff will be followed.
(http://dhecnet/health_serv/policy/mo.htm)
4. The Home Health Services Manual of Administrative Policies and Procedures will be reviewed annually by the Division of Home Health Services, the Health Services Director of Clinical Services and the Home Care Services State Advisory Council. The Home Health Division Director, the Health Services Director of Clinical Services and the Home Health Services Advisory Council Chairperson will sign the signature page yearly.

Responsibilities:

1. The Central Office DHEC Home Health Division will assure the manual is kept up to date on the DHEC intranet site and reviewed annually.
2. The Home Health Nurse Administrator will assure that staff has access to the manual.

Date of Revision: 05/2005

05/2005 Procedures

3. Revised

08/2007 Changed District to Region

Subject: 1020 Philosophy

Policy Statement:

DHEC Home Health Services (HHS) participates in assuring that the residents of South Carolina have continuity of care through the provision of quality home health care. Services are provided according to need and are not based on race, sex, sexual orientation, religion, creed, or national origin. The scope of services drives the activities. HHS ensures public disclosure, client rights and ethical standards of business and clinical practice.

DHEC Home Health Staff will:

1. provide South Carolina residents access to comprehensive home health care in the continuum of care.
2. prevent disease and promote and conserve health by helping individuals to maintain or achieve optimal physical, mental, emotional, and social functioning.
3. offer culturally competent services with respect to the whole person and each person's uniqueness.
4. provide quality care, based on each patient's individual needs.
5. provide preventative, curative, rehabilitative, maintenance and end of life care.
6. utilize existing resources and identify the need for and stimulate the development of supportive services.

Procedure:

By adhering to the policies and procedures established and adopted by DHEC Home Health Services, home health care staff will:

1. Provide family-centered care in the patient's residence, attending to the patient's total needs: mental, physical, social, emotional, and cultural.
2. Develop and implement a plan of care to restore, maintain, and/or promote health, based on the patient's individual needs under the physician's guidance and direction.
3. Educate the patient, the patient's family, and the community about home health care and advocate for home care services.
4. Deliver quality services according to the standards of professional practice.

Reference:

Community Health Accreditation Program (CHAP), Home Health I.1b

Date of Approval: May 2003

Date of Revision: May 2006

Added Scope of Services statement in the Policy Statement.

Date of Revision: August 2007

Editorial comment in policy statement 6.

Subject: 1030 Mission Statement

Policy Statement:

Home Health Services provides professional and supportive health services to persons in their places of residence: (1) to assist them in achieving or maintaining their optimal health status, (2) to facilitate earlier discharge from hospitals and nursing homes, (3) to prevent or delay institutionalization, and (4) to provide care and comfort to the terminally ill.

Home Health Services will implement at the Region level, professional and supportive health services, on an intermittent basis, under the direction of the attending physician, to patients who are essentially homebound due to illness or injury. While care of the patient is the primary focus, services are family-centered.

The mission of the Division of Home Health Services includes program administration- definition and interpretation; consultation; monitoring; justification and approval; and liaison with third-party payers and other State and Federal agencies with related functions. The Division contracts with selected departments for other centralized functions, i.e., purchasing, data systems management, preparation of Home Health Services' financial cost report, direct medical care services and evaluation, etc.

Procedure:

The mission of the South Carolina Department of Health and Environmental Control Home Health Program is to provide high quality, efficient and effective home health services. These services are provided on the basis of need, not ability to pay, to the extent of the Agency's resources.

Where other agencies provide similar services, the mission of DHEC's Home Health Services is:

1. To provide services which set the standard in the community for accessibility, quality, and cost.
2. To fill gaps that may exist for certain specialized care components of home health services.
3. To prevent institutionalization and to promote wellness.
4. To extend access to care for clients of the community for which public health in South Carolina has major responsibilities.
5. To provide home health services that address the total needs of patients to include physical, emotional, and social well-being.

References:

Community Health Accreditation Program (CHAP), Home Health I.1b

Date of Approval: May 2003

Date of Revision: May 2006

Changed “District” to “Region” and modified Procedure number 4 to reflect current practice.

Date of Revision: August 2007

Editorial addition in Procedure 4.

Subject: 1040 Administrative Management

Policy Statement:

Home health care administrative staff maintains administrative control and establishes lines of authority for the delegation of responsibility (see Figure A) so home health staff will be aware of areas of responsibility.

Regulations:

1. Legal Basis and Conditions of Practice

Public Law 89-97 provides the legal basis for inclusion of home health services among the benefits of the Health Insurance for the Aged Act and specifies eligibility for inclusion among the benefits of State Medicaid programs.

Regulations relating to the Health Insurance for the Aged program are published in the Federal Register and Code of Federal Regulations under Title 20 – Employees' Benefits – Chapter III – Social Security Administration, CMS. This Health Insurance Regulation (HIR-12) document sets forth Subpart L of the Social Security Administration's Regulations No. 5 (Federal Health Insurance for the Aged – Part 405) title Conditions of Participation: Home Health Agencies.

Other laws having implications for operation of the home health program include:

- a. Laws governing professional services.
- b. Act 442, Section IV, of the 1969 South Carolina General Assembly entitled "An Act to Authorize the State Board of Health to furnish Certain Health Services, To Establish Fees Therefore and To Provide for the Disposition of Such Fees"

- 2. Conditions of Participation 484.114, 484.14(d), 484.16 relates to the home health administrator.
- 3. Conditions of Participation 484.52 describes Advisory Committee responsibilities.

Procedure:

- 1. The South Carolina Department of Health and Environmental Control, Division of Home Health Services, is the parent home health agency with eleven subunits. The South Carolina Board of Health and Environmental Control is the governing body with full legal authority and responsibility for operation of the program.

2. The governing body has delegated responsibility for home health services through the Commissioner, Deputy Commissioner for Health Services, Region Health Directors, to the Bureau of Community Health and Chronic Disease Prevention with the Bureau Director, the Division Director and Region Home Health Program Nurse Administrators. The administrator (Conditions of Participation, Section 484.14©) organizes and directs the agency's ongoing functions. The administrator designates a qualified person to act in his absence.
3. Some functions assigned to the administrator must necessarily be delegated in whole or in part to the region staff, such as: maintenance of liaison between the governing body, the staff and the professional advisory group; employment of qualified personnel, adequate staff education and evaluations; ensuring the accuracy of public information materials and implementation of an effective budgeting and accounting system. This person is identified as the Home Health Nurse Administrator.
4. Supervision of services is a 484.14 (d) full-time responsibility (Conditions of Participation). The supervisor or a designated similarly qualified alternate is available at all times during operating hours and participates in all activities relevant to the professional services provided, including the development of qualifications and assignments of personnel. Each region subunit has its own supervisor (State Operations Manual, paragraph 484.14). This person is identified as the Home Health Nurse Administrator.
5. The professional advisory group must include at least one physician and one registered nurse (preferably a public health nurse) and appropriate representation from other professional disciplines (Conditions of Participation, 484.16). The Region Home Health Nurse Administrator will assure a Region Representative is on the State Advisory Board. The group meets at least quarterly to advise the agency on professional issues, to participate in evaluation of the agency's program, to discuss ethical issues, and to assist the agency in maintaining liaison with other health care providers in the community and in its community information program, and to monitor patient satisfaction and complaints.

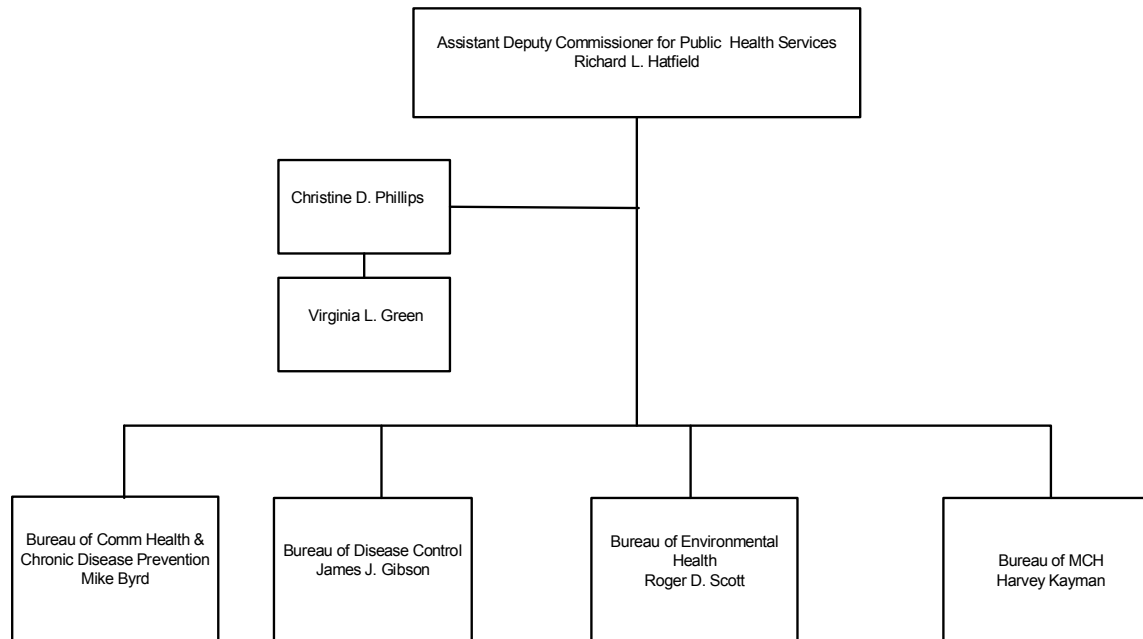
The group of professional personnel annually reviews and advises on agency policies governing scope of services offered, treatment, emergency care, clinical records, personnel qualifications and program evaluations. The home health agency has written policies requiring an overall evaluation of the agency's total program at least once a year by the group of professional personnel (or a committee of this group), home health agency staff and consumers. (Conditions of Participation, 484.52) All meetings of the Professional Advisory group (or its committees) are documented by dated minutes. The State Home Health Director signs the minutes.

Date of Approval: August 2004

Date of Revision: May 2006: Changed Program Nurse Specialist to Home Health Nurse Administrator. Changed “district” to “region”. Changed the number of home health agencies from 13 to 11.

Date of Revision: August 2007
Editorial change to procedure 2.

PUBLIC HEALTH SERVICES



Attachment A

Subject: 1041 Disclosure of Ownership

Policy Statement:

DHEC Board Members will disclose ownership interest in any health care entity to avoid conflict of interest.

Regulations:

Conditions of Participation Standard 484.12(b), G tag 120

Procedure:

1. In December of each year, the Director of DHEC Home Health Services will place "Disclosure of Ownership" on the agenda for the January DHEC Board Meeting. The Director will provide the necessary forms for the disclosure.
2. At the January DHEC Board Meeting, the DHEC legal counsel will review requirements for disclosure. Each current board member will complete a Disclosure of Ownership form.
3. Subsequent to signing the Disclosure of Ownership form, if a board member acquires or terminates ownership interest in any health care entity, a new Disclosure of Ownership form must be executed.
4. As DHEC Board Membership changes, new Disclosure of Ownership forms will be executed at the time of the appointment(s).
5. Disclosure of Ownership forms will be maintained by the Director of DHEC Home Health Services and the Region Home Health Nurse Administrator.

Date of Revision: August 2007

Changed procedure 5 to reflect Region Home Health Nurse Administrator vs District Program Nurse Specialist.

Subject: 1060 State Advisory Council

Policy Statement:

DHEC Home Care Services maintains State Advisory Council to advise DHEC Home Care Services on professional issues; to participate in the evaluation of Home Care Services, disease management services, and chronic disease prevention programs; to serve on behalf of the DHEC Board; to assist this agency in maintaining liaison with the community and other health care providers; and to review and revise clinical and administrative policies and procedures.

Regulations:

Conditions of Participation: 484.16 Group of Professional Personnel:
G151; G152; G153; G154; G155

Procedure:

1. By-Laws

**Article I
Title and Functions**

- Section 1. The name of this group shall be the Home Care Services State Advisory Council.
- Section 2. The purpose of the Council shall be to act in an advisory or consultative capacity to Home Care Services.
- Section 3. The functions of the Council shall be to meet at least quarterly to:
- a. Advise and make recommendations regarding Home Care Services.
 - b. Interpret Home Care Services to the community.
 - c. Represent or speak for the general public and special groups in relation to community needs. Review, revise and approve home care policies quarterly.

**Article II
Composition of Council**

- Section 1. The Home Care Services State Advisory Council shall consist of at least eleven (11) members as follows:

MEMBERSHIP OF COUNCIL:

- 1) Physician
- 2) At least one public health nurse
- 3) Representation from other professional disciplines
- 4) One member of the group should be neither an owner nor an employee of the agency
- 5) At least one (1) member from each Region
- 6) At least one (1) consumer member

Ex-Officio Members (5)

1. Deputy Commissioner for Health Services
2. Commissioner, S.C. Department of Health and Environmental Control
3. Director, Bureau of Community Health and Chronic Disease Prevention
4. Director, Division of Home Health Services
5. Home Health Clinical Policy Committee will function as an ex-officio subcommittee of the Advisory Committee.

Section 1. The term of membership shall be for a period of three (3) years. At the discretion of the appointing body, any member may be reappointed for additional three (3) year terms.

Section 2. Unexplained absence from two (2) consecutive meetings shall constitute resignation of the member. The Secretary shall then notify the parent organization of the member's resignation and request that the parent organization appoint a new member at least one (1) month prior to the next Council meeting.

Section 3. Upon notification of a member to the Secretary prior to a meeting, the member may authorize a non-voting alternate to attend the meeting.

**Article III
Officers**

Section 1. The officers of the Council shall be the Chairman, Vice-Chairman, and the Secretary.

Section 2. Officers shall be elected for a term of one (1) year

Article IV Duties of Officers

Section 1. The Chairman shall:

- a. Preside at all meetings.
- b. Appoint members to serve on committees as needed.
- c. Serve as ex-officio with voice and vote as a member of all committees.
- d. Call special meetings when necessary.

Section 2. The Vice-Chairman shall assume the duties of Chairman in the absence of the Chairman.

Section 3. The Secretary shall:

- a. Keep or cause to be kept accurate minutes of all meetings of the Advisory Council.
- b. Maintain an accurate up-to-date roster of all committee members, including address and telephone numbers.
- c. Keep a roster of attendance of meetings.
- d. If the minutes of meetings and the maintenance of up-to-date rosters are done by the Home Care Services Program, no official secretary is required.

Article V Committees

Section 1. There shall be the following committees:

- a. Executive
- b. Nominations
- c. Ex-officio Administrative Policy Committee responds to the Advisory Committee.
- d. Ex-officio Clinical Policy Committee responds to the Advisory Committee.

Section 2. Reports shall be given to the Advisory Council. Reports may be written or verbal and reflected in the minutes.

Article VI Functions of Committees

Section 1. The Executive Committee shall:

- a. Consist of the Chairman, Vice-Chairman, and Director of the Division of Home Health Services.
- b. Have power to transact business of an emergency nature between meetings of the Advisory Council.
- c. Report, in full, all transactions of the Executive Committee at the next regularly scheduled meeting of the Advisory Council.
- d. Fill vacancies occurring on the Advisory Council.
- e. Meet as necessary on call of the chairperson
- f. Review by-laws at least annually.
- g. Review and act on all proposed amendments to the by-laws.
- h. Submit proposed amendments to the voting body in accordance with the provisions for amendments of the by-laws.

Section 2. The Nominations Committee shall:

- a. Prepare a slate for election of officers for presentation at the Fall annual meeting of the Advisory Council.
- b. Make suggestions for nominations to the Executive Committee to fill vacancies when they occur.
- c. Meet at least annually and additionally as needed.

Article VII Meetings and Elections

Section 1. The meeting of the Advisory Council shall be held at the South Carolina Department of Health and Environmental Control, Columbia, South Carolina.

Section 2. Members present shall constitute a quorum.

Section 3. New Officers shall be installed and assume office at the end of the annual meeting (Fall meeting).

Section 4. All records shall be delivered to the new officers after the annual meeting.

Section 5. Robert's Rules will be followed.

Article VIII Amendments

These By-laws may be amended at any meeting by a majority of the members present and voting after a reading of the proposed amendments.

2. Responsibilities of the Advisory Council

- (A) Annually the by-laws governing the state advisory council are reviewed and evidence of this review is documented in the minutes of the advisory council meetings. Evidence of the review of the state advisory council by-laws is then shared with the DHEC Board by way of minutes presented to them for review.
- (B) The overall evaluation of the agency's total program is done at least once a year by a group of Home Health central office, Home Health region staff and Advisory consumers. The format and process for the annual program evaluation is part of the quality assurance section of the Administrative Policy Manual.
- (C) Home Health Policies are all reviewed at least yearly and signature page signed by Advisory chair yearly. Policies are presented to Advisory Board for review and approval as needed.

Date of Approval: May 2004

Date of Revision: May 2006

Made changes in By Laws to reflect member make-up of the Advisory Board to include CHAP wording. Changed the wording on who reviews home health policies from Policy Committee to full Advisory Committee. Changed the wording on how the Annual Program Evaluation is being done under the Amendment 2 B. Changed "district" wording to "Region" wording. Changed the wording in the policy to reflect the current Bureau name where the Home Health Division resides.

Date of Revision: August 2007

In Article I “c” added

In Article III, Section 2: Deleted the 3 year term restriction.

In Article VI, Section 2: Deleted the Policy Committee since the Advisory Board serves as the policy committee.

In Article V By-laws and policy committee removed from the list

In Article VIII, add “C” to explain policy review and approval.

Subject: 1070 Advisory Council Orientation

Policy Statement:

Home Health Central Office and the Region Home Health Nurse Administrator will assure that new Advisory Council members are aware of their responsibilities to the agency.

Regulation:

Conditions of Participation 484.14, G131.

Procedure:

Orientation may include:

- a. Philosophy, goals and purpose of Home Care Services
- b. Home Care Services video depicting services provided to patients
- c. CHAP and PPS Planning processes
- d. Conditions of Participation and Home Health Licensure
- e. Review of HHS Administrative, Clinical Policy Manual, and Encore Process Manual
- f. Role of advisory council
- g. Organizational charts of DHEC and HHS
- h. By-laws of advisory council

Date of Approval: May 2003

Date of Revision: August 2007

Changes made in the procedure to reflect deletion of CLTC Services and the addition of the Encore Process Manual for Advisory review.

Subject : 1080 Public Information

Policy Statement:

The Home Health Services Program will develop and implement public information activities/materials to promote and increase public awareness of the Home Health Services Program and the services that are available to the citizens of South Carolina.

Procedures:

Home Health Services staff will initiate and participate in activities that educate the public, emphasize customer service and expand services.

1. Promotional print and audio-visual material will be reviewed on an annual basis and revised, if necessary.
2. The Home Health Services (HHS) Central Office display will be used at various home care and health care related events by home care staff to promote and explain the services of the program.
 - a) Arrangements for pick-up and return will be made through coordination between the HHS Program and Region staff.
3. Regional and Central Office Staff will schedule at least one public education event per year in the community that focuses on increasing public awareness of Home Health Services.
4. Employee recognition programs will be promoted by Central Office and Regional Management staff to emphasize employee appreciation and build teamwork and morale.
5. Efforts will be made by program managers to maintain good working relationships and to develop open lines of communication with local referral sources.
6. Community education and education material development will be reviewed yearly by Central Office Consultants.
7. Staff will adhere to the policies of and coordinate with the Office of External Affairs when attempting to release information to the media (television, radio and newspaper).

The Office of External Affairs is the only press release agent for DHEC. Any information to be released to the media must be sent through this office.

8. Patients who agree to appear in still photos or video productions must complete an official consent form in the presence of a Home Health Services staff member.

After the patient or caregiver completes the form, the original must be kept in the patient's clinical record.

9. Procurement of items used for community education should be coordinated through the Division of Home Health Services with Health Service Management approval and the assistance of the Bureau of Business Management.
10. All public information, public education, public relations, programs and activities should be coordinated through the Division of Home Health Services. Staff, on both the central office and regional level, should inform or consult with the HHS Program when planning public information/education activities with DHEC groups and the public.

Reference:

Community Health Accreditation Program (CHAP) Home Health- HHIV.2

Date of Approval: 5/03

Date of Revision: 11/05

The concept of a "plan" removed from title, policy statement and procedure #6

Policy revised to include "region" language

Roles of Central Office and Region staff clarified in procedure #3, #4

Procurement process and approval clarified in procedure #9

Subject: **1090** Retention Schedule

Policy Statement:

The retention schedule for Encore is affected by DHEC policies and Medicare regulations. Schedules for clinical, financial, and Encore reports differ within our agency.

Regulation: HHII.8.d.

Procedures:

Clinical Information: The basic premise is that hard copies of the patient's clinical record must be kept according to the DHEC Administrative Policy A.932.1: Adult records should be retained in Home Health for three (3) years after last visit and then transferred to State Records Center for seven (7) years, then destroyed. All records of minors should be retained in Home Health for three (3) years after the last visit and the client is at least eight (8) years old. The record must be kept in Home Health area until the client is eight (8) years old, and has not been seen for three (3) years. Then, transfer to State Records Center for ten (10) years before destroying.

Financial Information: If all financial information is electronically contained within Encore (must be retained in Encore for at least 7 years), the hard copy can be destroyed after it is entered into Encore. Examples of this would be daily logs and batch reports.

For the retention schedule of other financial information, refer to instructions for each form. The financial patient record must be retained in accordance with the DHEC HHS Financial Record retention schedule.

The current financial retention schedule is as follows: Retain in active file until the patient has been discharged from Home Health Services. Then, transfer to the inactive file and retain for five years. After this criteria is met, transfer to the State Records Center for 2 years. Then, destroy after audits.

Encore Reports: Since all information to create each report comes from the Encore system, reports only need to be kept as long as the information is useful to the region or office. (Exception: patient census report kept in central office)

Note: When disposing of information, remember to shred all data that contains patient health information (PHI)

Date of Approval: May 2006

Date of Revision: August 2007
Changed Novius to Encore

Subject: 1100 Home Health Compliance Plan

Policy Statement:

There are a number of federal and state regulations affecting the provision and billing of home health services. Among the federal regulations are the Medicare Conditions of Participation that set forth requirements for an organization to achieve and maintain its status as a Medicare-certified provider of home health services¹. Other federal regulations include the False Claims Act; The Anti-Kickback Law; the Starke Law; the Civil monetary Penalties Statute and the Health Insurance Portability and Accountability Act (HIPAA). State laws that affect the provision and billing of home health services include the State Criminal False Claims Statute, the State Medicaid False Claims Statute and the State Computer Crime Act. In addition the South Carolina Department of Health and Environmental Control (DHEC) is regulated by the South Carolina State Ethics Act that defines rules of conduct for South Carolina public officials, employees, and office holders.²

DHEC's Division of Home Health Services (HHS) is committed to conducting its affairs in accordance with all applicable Federal and State laws, regulations, licensing and contract obligations. HHS further desires to conduct business in an ethical, as well as legal, manner. This Compliance Plan explains the Division of Home Health's efforts to maintain legal and ethical practices in four broad categories: delivery of care, billing, competent personnel and business practices. Included are references to the policies and procedures that detail these practices. The plan further explains expectations of adherence, reporting and staff education regarding compliance.

The Home Health Compliance Plan is a component of each new employee's orientation³ and all staff and contractors review it at least annually. Adherence to the Compliance Plan is a requirement of employment. Managers and Supervisors are responsible for assuring that adequate, regular instruction is available and that policies promoting adherence are enforced. Any non-adherence to the plan will be subject to evaluation, coaching or disciplinary action as indicated⁴.

Standards:

I. Ethical delivery of care - The agency strives to deliver high-quality health care services while maintaining high customer/patient satisfaction. The agency has processes that consider the needs, desires and safety of patients/caregivers and maintains the integrity of care delivery. These processes provide a guide of conduct for representatives of the agency.

A. Appropriate care - Certified Home Health Services are provided in accordance to Medicare "medically reasonable and necessary" guidelines and with a recognized therapeutic treatment benefit. Patient care is initiated or continued only for those patients who meet the agency acceptance criteria.^{5 6}
⁷Evaluation of the need for continued services is an ongoing process, with documented evaluation at defined times.⁸

B. Patient-centered care - The primary goal of Home Health is to assist patients to reach an optimum level of self-care that enables them to participate in treatment and then continue treatment after discharge. When self-care is not feasible, our goal is to teach families and other caregivers how to provide safe, effective care. Services are provided to the patient in accordance with the Patient Bill of Rights and the Patient Service Agreement which promote respect for each patient.^{9 10 11} Among these patient rights is the right to be informed of the names and qualifications of all individuals providing services. In addition each patient is to be treated in a culturally competent manner.¹²

C. Safety in providing care -Patients' and providers' safety is mutually considered in the provision of care. All providers are responsible for wearing DHEC I.D. badges during working hours to identify themselves as employees of the agency.^{13 14} The patient/caregiver is to be notified in advance of the approximate time of home visits. Processes are established which address infection control and employee safety. ^{15 16 17 18 19 20} Additionally, the agency seeks to promote the safety of the general public through participation in the Food and Drug Administration's MedWatch program.²¹ Patient safety is promoted in case of a natural or man-made disaster through measures which identify patients' sheltering needs

D. Confidentiality of care -Home visits are conducted in a manner that respects the patient's privacy and security. Care provided, as well as documentation of that care, is treated confidentially.²² All patient-related information is documented, stored, and shared in a secure, confidential manner.^{23 24 25} Patient confidentiality is further promoted by restricting computer access only to authorized users through specific procedures for password protection and employee permissions.²⁶

E. Documentation of care - Policies and procedures exist to guide proper creation and maintenance of medical records.^{27 28} Internal processes promote the timely creation of a medical record to assure accurate documentation of the care provided.^{29 30 31}

F. Transfer of Care - When a patient does not meet the criteria for continued services, and/or requires transfer to another level of care or setting, the transfer of the patient will be arranged in a way that does not present a conflict of interest for the staff member or agency.^{32 33}

II. Ethical billing practices - The agency has processes to ensure that claims for payment accurately reflect only care and supplies ordered by a qualified physician and provided to the patient.

A. All billed services and supplies must be ordered by a qualified physician

1. Physician orders are accepted only from a licensed doctor of medicine, osteopathy, or podiatry. At the time of the initial agency contact with a physician, his/her Physician National Provider Identifier

(NPI) is verified.³⁴ NPI's of all physicians in the Home Health database are verified annually.³⁵

2. Physician's orders are obtained for the initial plan of care, when recertification for care is necessary, or with any subsequent changes in the plan of care that require a change in services or treatment.^{36 37 38} Supplies are provided to, or acquired by, the patient only as ordered or prescribed by the physician and consistent with accepted therapeutic practices.³⁹ Internal processes promote the timely creation and receipt of signed physician orders.^{40 41 42 43 44}

3. No patient's bill is submitted for payment until the Plan of Care and all other orders for services or supplies provided during that billing period are signed and present on the chart.⁴⁵ Signed orders are not required to submit a Request for Anticipated payment.

B. Billing accurately reflects only services and supplies provided to the patient

1. Processes exist to verify that billing reflects only visits and supplies actually provided to the patient. A check is done prior to billing to verify that documentation of each visit is contained in the patient record .⁴⁶

2. Internal reviews are conducted to detect errors in billing for services. A minimum of 10 records per quarter, to include records representative of all payer superclasses and counties, are reviewed each quarter by Region Accounting Staff, County Administrative Staff, and Home Health Nursing Supervisors to verify documentation authenticates visits and supplies billed.⁴⁷ Audits are also conducted yearly by Central Office personnel to confirm appropriate billing.⁴⁸

C. Upon detection, billing errors are promptly corrected with reimbursement to appropriate individuals/entities when indicated.⁴⁹

III. Competent Personnel – The agency has processes to assure that services are provided by competent personnel. Assessment of the competency of direct care providers is an ongoing process that begins at the time of application for hire.⁵⁰

A. Reference and background checks - The hiring Region conducts reference checks and arranges for criminal background checks as part of the home health hiring process. The agency avoids employing individuals who have been sanctioned for fraudulent or abusive behavior.⁵¹

B. Qualifications - Licensed personnel must submit evidence of their continuous licensure to the agency. The agency verifies the license with the appropriate State Board prior to hiring.⁵² Home Health Aides must submit evidence of completing a qualifying Aide Training Program upon hire⁵³ DHEC's Office of Nursing and the Office of Public Health Social Work have defined agency processes for ongoing verification of licensure.^{54 55 56} Licenses for Physical

Therapists and Assistants, Occupational Therapists and Assistants, Speech Language Pathologists and Registered Dieticians will be annually verified at the time the compliance plan is reviewed.

C. Orientation - During the orientation period, patient care staff complete a discipline specific checklist to assess their competency and comfort levels with various tasks or skills.⁵⁷ These checklists are reviewed by a supervisor and arrangements made to increase proficiency. The Orientation Plan, checklists and evaluation documents are completed and filed in the employee's personnel file within twelve months of the hire date.

D. Competent direct care staff - Minimum Basic Competencies are outlined, and reviewed annually, for all direct care providers. Assessment of meeting these competencies is part of the annual performance appraisal.^{58 59} Each region is also required to provide and track in-service education to promote the competency and awareness of best practices, provide current health care information, and promote a focus upon improving patient outcomes.⁶⁰ There is also an annual review of contractors to ensure that contract employee competence is satisfactory to the agency. The contract company is responsible to ensure competence of its employees.

E. Competent clerical and administrative staff - Clerical and other administrative support staff are oriented to their responsibilities in ethical billing practices, maintaining the integrity of the medical record, confidentiality and adherence to agency procedures. Employees are evaluated on their performance at least annually as part of the Employee Performance Development Program (EPDP).

IV. Ethical Business Practices – The agency has procedures to guard against unethical and illegal activities such as payments for referrals, bribes, kickbacks and/or misrepresenting payments for actual purchases of goods or services.

A. Purchasing and leasing -The agency's Bureau of Business Management regulates the purchase of supplies, services, information technology and construction. The Division of Procurement Services' operations are governed by state law and are outlined in the Procurement Procedures Manual, which includes a description of ethical standards.⁶¹ One of the stated goals of the Division of Procurement Services is to provide safeguards for the maintenance of the procurement system for quality and integrity with clearly defined rules for ethical behavior on the part of all persons engaged in the procurement process. The Real Estate Service Division also has procedures in place to guard against illegal leasing practices.⁶²

B. Promotion of services - The agency will promote its services only through ethical means. The agency has the responsibility to inform the public of its services in a truthful manner. The agency will not provide services at less than fair market value in exchange for referrals.

C. Financial Stewardship – The agency has processes in place to manage its assets responsibly and prudently. There is a general expectation that employees will use agency assets and supplies efficiently and effectively.^{63 64} The agency also has specific policies and processes addressing computer usage. These include use of electronic mail⁶⁵ internet access⁶⁶ and proper care of and security measures for laptops⁶⁷ _

V. Adherence and Reporting - Adherence to the Compliance Plan is an expectation for all Home Health staff and contractors. Any individual with concerns related to a compliance issue should seek out administrative assistance from a supervisor or may anonymously report the issue directly to the Office of Internal Audits.^{68 69} Confidentiality cannot be guaranteed if the report leads to prosecution. The DHEC board has defined the authority, responsibilities, objective and scope of the Office of Internal Audits which has direct reporting responsibilities to the Administrative/Audit Committee of the DHEC Board.⁷⁰

VI. Staff Awareness and Education - DHEC provides employees, contractors and agents with general information on the federal False Claims Act, the federal Program Fraud Civil Remedies Act, state laws pertaining to civil and criminal penalties for false claims and statements, and whistleblower protections for reporting individuals under such laws.⁷¹ The Division of Home Health also promotes awareness of compliance and ethical issues through staff education and provides annual review of the Compliance Plan for all Home Health employees and contractors.

A. Promoting compliance awareness among DHEC employment - All new DHEC employees are required to participate in trainings regarding customer service, cultural competence, culturally and linguistically appropriate services (CLAS) and HIPAA regulations.⁷² All DHEC employees and contractors are required to review and sign the DHEC confidentiality agreement.^{73 74}

B. Promoting compliance awareness as part of Home Health Orientation - All new Home Health employees review the Compliance Plan as part of their orientation. Additionally, potential fraudulent and abusive activities are defined and reviewed with each employee and contractor.^{75 76} Employees verify their initial review, understanding and commitment to adhere to the plan by signing and dating a statement, "I have reviewed, understand and must adhere to the DHEC Home Health Compliance Plan." (DHEC 1514)⁷⁷ The signed form 1514 is maintained in the DHEC employee's personnel file. Contract employees are also required to sign the statement. The contract company will retain the signed original but a copy will be provided to each region served by that individual.

C. Promoting compliance awareness through annual review - The Compliance Plan, including examples of potential fraudulent and abusive activities, is reviewed annually with each home health employee.⁷⁸ Employees verify their annual review, understanding and commitment to adhere to the plan by signing and dating a statement, "I have reviewed, understand and must adhere to the DHEC Home Health Compliance Plan." (DHEC 1514)⁷⁹ Each signed form 1514 is maintained in the DHEC employee's supervisory personnel file. Contract

employees also sign the statement. The original is retained by the contract company and a copy is provided to each region as part of each contract renewal.

General Statement

¹ 42 CFR 484

http://www.access.gpo.gov/nara/cfr/waisidx_99/42cfr484_99.html

² SC State Ethics Act – SC Code of Laws 8.13

<http://www.scstatehouse.net/code/t08c013.htm>

1. ³ HHS Administrative. Policy 5020 - Basic Competence and Orientation

<http://dhecnet/hs/policy/hhs2/5020.pdf>

2. ⁴ Agency Policy Manual A.554 - Agency Progressive Discipline Policy and Procedure

<http://dhecnet/co/apm/docs/A-554.pdf>

Guideline I: Ethical delivery of care

⁵ HHS Administrative Policy 3010 - Acceptance of Patients for Home Health Services

<http://dhecnet/hs/policy/hhs2/3010.pdf>

⁶ HHS Administrative Policy 3030 – Patient Case Management

<http://dhecnet/hs/policy/hhs2/3030.pdf>

⁷ HHS Administrative Policy 3080- Physician Certification of Medical Necessity for Home Health Services

<http://dhecnet/hs/policy/hhs2/3080.pdf>

⁸ HHS Administrative Policy 3081- Periodic Review of the Plan of Care/OASIS

<http://dhecnet/hs/policy/hhs2/3081.pdf>

⁹ HHS Administrative Policy 3210 - Home Health Patient Bill of Rights Policy

<http://dhecnet/hs/policy/hhs2/3210.pdf>

¹⁰ HHS Bill of Rights/Patient Service Agreement (Patient Information Booklet)

http://dhecnet/hs/hhs2/docs/pe/CR-006430_web.pdf

¹¹ Client Bill of Rights (for all DHEC clients)

<http://webbase:8887/rims/pdf/d-3775.pdf?guid=60800874-07/06/2007>

¹² Agency Policy Manual A.400 – Cultural Competence

<http://dhecnet/co/apm/docs/A-400.pdf>

¹³ Agency Policy Manual A.548- ID badge Production

<http://dhecnet/co/apm/docs/A-548.pdf>

¹⁴ Agency Policy Manual A.557 Nursing I.D. Badge requirements
<http://dhecnet/co/apm/docs/A-557.pdf>

¹⁵ DHEC Bloodborne Pathogens Exposure Control Plan
http://dhecnet/hs/infection/docs/ecp2008_2.pdf

¹⁶ DHEC Tuberculosis Exposure Control Plan
http://dhecnet/hs/infection/docs/tbcp2008_1.pdf

¹⁷ HHS Clinical Policy 2.02 - Management of the Risk of Exposure to Bloodborne Pathogens & Infection Control in the Home
<http://dhecnet/hs/policy/hhs/2.02%20mgmt%20of%20risk%20exposure%20in%20the%20home.pdf>

¹⁸ HHS Administrative Policy 8050 - Home Health Infection Surveillance Program
<http://dhecnet/hs/policy/hhs2/8050.pdf>

¹⁹ Agency Policy Manual A.503 – Safety Policy
<http://dhecnet/co/apm/docs/A-503.pdf>

²⁰ [HHS Administrative Policy 6060 - Safety](http://dhecnet/hs/policy/hhs2/6060.pdf)
<http://dhecnet/hs/policy/hhs2/6060.pdf>

²¹ FDA's MedWatch program
<http://www.fda.gov/medwatch/index.html>

²² Agency Policy Manual A.561 - Agency Confidentiality Policy
<http://dhecnet/co/apm/docs/A-561.pdf>

²³ DHEC Comprehensive Health Records Policy Manual
<http://dhecnet/co/apm/hrpm.htm>
Agency Policy Manual A.910 - Agency Confidentiality of Health Record Information Policy
<http://dhecnet/co/apm/docs/A-910.pdf>

²⁴ HHS Section 4000 – Clinical Record
http://dhecnet/hs/policy/hhs2/4000_index.pdf
HHS Administrative Policy 4050 - Patient Clinical Record Retention and Protection
<http://dhecnet/hs/policy/hhs2/4050.pdf>
HHS Administrative Policy 4060 - Release and Exchange of Confidential Information.
<http://dhecnet/hs/policy/hhs2/4060.pdf>

²⁵ Encore Process Manual 10010 - Confidentiality
<http://dhecnet/hs/hhs2/docs/process/10010.pdf>

²⁶ Agency Policy Manual A.827 - Network Passwords
<http://dhecnet/co/apm/docs/A-827.pdf>

²⁷ DHEC Comprehensive Health Records Policy Manual
<http://dhecnet/co/apm/hrpm.htm>

²⁸ HHS Section 4000 – Clinical Record
http://dhecnet/hs/policy/hhs2/4000_index.pdf

²⁹ HHS Administrative Policy 4030 – Definitions and Timeframe for Documentation of Notes and Summaries
<http://dhecnet/hs/policy/hhs2/4030.pdf>

³⁰ HHS Administrative Policy 4010 - Patient Clinical Record
<http://dhecnet/hs/policy/hhs2/4010.pdf>

³¹ [Encore Process 5010 – Daily Visit on Laptop](http://dhecnet/hs/hhs2/docs/process/5010.pdf)
<http://dhecnet/hs/hhs2/docs/process/5010.pdf>

³² HHS Administrative Policy 3140 – Discharge Planning
<http://dhecnet/hs/policy/hhs2/3140.pdf>

³³ HHS Administrative Policy 3160 – Termination of Services
<http://dhecnet/hs/policy/hhs2/3160.pdf>

Guideline II: Ethical Billing Practices

³⁴ Encore Process 9503 – Physician File Maintenance/Adding a Physician
<http://dhecnet/hs/hhs2/docs/process/9503.pdf>

³⁵ HHS Administrative Policy 2120 - Unique Provider Identification Number
<http://dhecnet/hs/policy/hhs2/2120.pdf>

³⁶ HHS Administrative Policy 3080 - Physician Certification of Medical Necessity for Home Health Services
<http://dhecnet/hs/policy/hhs2/3080.pdf>

³⁷ HHS Administrative Policy 3070- Patient Plan of Treatment
<http://dhecnet/hs/policy/hhs2/3070.pdf>

³⁸ HHS Administrative Policy 3050 – Physician Verbal Orders
<http://dhecnet/hs/policy/hhs2/3050.pdf>

³⁹ HHS Administrative Policy 2140 – Supply Management
<http://dhecnet/hs/policy/hhs2/2140.pdf>

⁴⁰ HHS Administrative Policy 3050 – Physician Verbal Orders
DHEC/HHS/Compliance Plan May 2008

<http://dhecnet/hs/policy/hhs2/3050.pdf>

⁴¹ HHS Administrative Policy 3081- Periodic Review of the Plan of Care/OASIS
<http://dhecnet/hs/policy/hhs2/3081.pdf>

⁴² Encore Process 6010 – Certification Process
<http://dhecnet/hs/hhs2/docs/process/6010.pdf>

⁴³ Encore Process 6020 – Recertification Process
<http://dhecnet/hs/hhs2/docs/process/6020.pdf>

⁴⁴ Encore Process 9205 – Orders Tracking for Verbal Order and HCFA 485
<http://dhecnet/hs/hhs2/docs/process/9205.pdf>

⁴⁵ HHS Administrative Policy 2110 – Automated Billing Procedures
<http://dhecnet/hs/policy/hhs2/2110.pdf>

⁴⁶ HHS Administrative Policy 2110 – Automated Billing Procedures
<http://dhecnet/hs/policy/hhs2/2110.pdf>

⁴⁷ HHS Administrative Policy 2210 – Audits by Region Home Health Services Staff
<http://dhecnet/hs/policy/hhs2/2210.pdf>

⁴⁸ HHS Administrative Policy 2250 – Audits by Central Office Clinical and Financial Consultants
<http://dhecnet/hs/policy/hhs2/2250.pdf>

⁴⁹ HHS Administrative Policy 2160 – Financial Adjustments
<http://dhecnet/hs/policy/hhs2/2160.pdf>

Guideline III: Competent Personnel

⁵⁰ HHS Administrative Policy 5010 - Clinical Competency
<http://dhecnet/hs/policy/hhs2/5010.pdf>

⁵¹ Agency Policy Manual A.551- Recruitment and Selection Policy
<http://dhecnet/co/apm/docs/A-551.pdf>

⁵² Agency Policy Manual A.551- Recruitment and Selection Policy
<http://dhecnet/co/apm/docs/A-551.pdf>

⁵³ HHS Administrative Policy 7031 - Home Health Aide Training and Competency
<http://dhecnet/hs/policy/hhs2/7031.pdf>

⁵⁴ Agency Policy Manual C.300 – Public Health Nursing Services
<http://dhecnet/co/apm/docs/C-300.pdf>

⁵⁵ Agency Policy Manual C.600 – Public Health Social Work

<http://dhecnet/co/apm/docs/C-600.pdf>

⁵⁶ SW Practice Manual 300 – Social Work Licensure
<http://dhecnet/hs/social/docs/300SW%20Manual%20Policy%20Social%20Work%20License%20final%20version.pdf>

⁵⁷ HHS Administrative Policy 5020 - Basic Competence and Orientation
<http://dhecnet/hs/policy/hhs2/5020.pdf>

⁵⁸ HHS Administrative Policy 5010 - Clinical Competency
<http://dhecnet/hs/policy/hhs2/5010.pdf>

⁵⁹ Agency Policy Manual A.508 – Performance evaluations
<http://dhecnet/co/apm/docs/A-508.pdf>

⁶⁰ HHS Administrative Policy 5030 – In-service education
<http://dhecnet/hs/policy/hhs2/5030.pdf>

Guideline IV: Ethical Business Practices

⁶¹ Procurement Procedures Manual
http://dhecnet/co/bbm/docs/procurement_procedures_manual.pdf

⁶² Procedures for Real Property Contracts
<http://dhecnet/co/bbm/docs/Procedures%20for%20Real%20Property%20Contracts.pdf>

⁶³ Agency Policy Manual B.305 – Supply and Inventory Management
<http://dhecnet/co/apm/docs/B-305.pdf>

⁶⁴ Agency Policy Manual B.310 – Physical Year-end Inventory
<http://dhecnet/co/apm/docs/B-310.pdf>

⁶⁵ Agency Policy Manual A.800 - Electronic Mail Use Policy
<http://dhecnet/co/apm/docs/A-800.pdf>

⁶⁶ Agency Policy Manual A.828 – Internet Use Policy
<http://dhecnet/co/apm/docs/A-828.pdf>

⁶⁷ [Encore Process 9602 – Laptop: Care and Infection Control](http://dhecnet/hs/hhs2/docs/process/9602.pdf)
<http://dhecnet/hs/hhs2/docs/process/9602.pdf>

Guideline V: Adherence and Reporting

⁶⁸ Agency Policy Manual A.303 – Agency Fraud, Waste and Abuse Hotline
<http://dhecnet/co/apm/docs/A-303.pdf>

⁶⁹ Fraud and Abuse Hotline/Complaint Allegation Form
http://dhecnet/co/internal_audits/docs/d-0270.doc

⁷⁰ DHEC Board Policy on Internal Audits
http://dhecnet/co/internal_audits/policy.htm

⁷¹ Agency Policy Manual A.302 – Prevention of Fraud, Waste and Abuse
<http://dhecnet/co/apm/docs/A-302.pdf>

⁷² Agency Policy Manual A.1000 – Required Training for All DHEC Employees
<http://dhecnet/co/apm/docs/A-1000.pdf>

⁷³ Agency Policy Manual A.561 - Agency Confidentiality Policy
<http://dhecnet/co/apm/docs/A-561.pdf>

⁷⁴ DHEC Confidentiality Agreement – DHEC form 321
<http://webbase:8887/rims/pdf/d-0321.pdf>

⁷⁵ HHS Administrative Policy 5020 - Basic Competence and Orientation
<http://dhecnet/hs/policy/hhs2/5020.pdf>

⁷⁶ HHS Administrative Policy 6070 - Fraud and Abuse
<http://dhecnet/hs/policy/hhs2/6070.pdf>

⁷⁷ HHS Compliance plan signature page- DHEC 1514
<http://webbase:8887/rims/pdf/d-1514.pdf>

⁷⁸ HHS Administrative Policy 6070 - Fraud and Abuse
<http://dhecnet/hs/policy/hhs2/6070.pdf>

⁷⁹ HHS Compliance plan signature page- DHEC 1514
<http://webbase:8887/rims/pdf/d-1514.pdf>

Date of Approval: February 2008

Revision: May 2008 – changes made to reflect signature page is specific form.

HOME HEALTH SERVICES
POLICY AND PROCEDURE
FINANCIAL
2000

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2031	Medicare Credit Balance Reporting	November 2007
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2060	Indigent Care Review	May 2006
2080	Establishing Patient Financial Record	August 2007
2110	Automated Billing	August 2007
2115	Transfer of Patients Between Counties and Districts	August 2008
2120	National Provider Identifier (NPI)	November 2007
2130	Collection Effort	August 2007
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2150	Home Health Services Patient Financial Data Base	May 2006
2160	Financial Adjustments	August 2007
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2210	Audits by Region Home Health Services Staff	February 2008
2230	Medicare ADR's/Denials: District Procedures	November 2004
2250	Audits by Central Office Clinical and Financial Consultants	February 2008
2260	Financial References/Glossary/Abbreviations	November 2007
2270	Diabetes Education	August 2007
2281	Home Health Advance Beneficiary Notice (HHABN)	May 2003
2308	Best Chance Network Case Management	August 2007

Subject: **2010 Financing the Program**

Policy Statement: Services to patients receiving home health care are reimbursed from the following payers: Medicare, Medicaid, Tricare, Veterans Administration, Private Insurance and Self. The rate charged for services is set and is revised periodically subject to approval by the Commissioner of DHEC. Charges are considered public information. Patients have a right to know the amount charged for each type service and medical supplies.

Rules: To identify the sources of funding for the Home Health Services Program.

Procedure:

1. A bill for services provided to patients admitted to the Home Health Services Program will be generated at least every sixty (60) days.
2. Some patients because of their financial status are granted financial relief for services received to the extent allowed by program's resources. A confidential statement is taken and income is evaluated on a sliding fee scale. The resulting bill is based on the patient's ability to pay (See Patient's Financial Data Base, Part Two, HHS 2270, Exhibit 3).

Care to patient receiving financial relief must be recorded on an Indigent Care Ledger.

3. The Region's Indigent Care is reviewed, authorized and monitored for the appropriateness and amount of indigent care being provided.
4. Based on availability to each district to be used for care of indigent patients. Regions may receive support from county funds and other community and voluntary contributors.

Date of Approval: November 2003

Date of Revision: May 2006
Changed "district" to "region"

Subject: **2030 Provider Statistical and Reimbursement System (PS&R) Report**

Policy Statement: The Provider Statistical and Reimbursement System (PS&R) is used to complete the requirements of the annual Home Health Cost Report for Medicare and the Home Health Annual Program Evaluation.

Regulation: HIM -11: 467.25, 467.28, 467.29

Procedure:

1. The PS & R will be downloaded from the Palmetto Government Benefits Administrator (PGBA) Bulletin Board System at least yearly.
2. Medicare Cost Report - The SC DHEC Bureau of Finance compares the information generated from the Encore Financial System to the Provider Statistical and Reimbursement System Report. The different types of visits provided by the Home Health Services disciplines should be reviewed from the PS&R for the Annual Medicare Cost Report.
3. On a yearly basis (at a minimum), the number of visits in the PS & R each episode and for each discipline is compared with the same information generated from the Encore Financial System. The types of episodes are:
 - a. Full Episode - Number of 60-day episodes billed and paid by Medicare PGBA that was not a PEP, LUPA, or SCIC.
 - b. Low Utilization Payment Adjustment (LUPA) Episode - An episode with four or fewer visits within a 60-day period.
 - c. Partial Episode Payment (PEP) - A beneficiary elected transfer, or a discharge resulting from the beneficiary reaching the treatment goals in the original plan of care and returning to the same Home Health Agency during the 60 day episode.
 - d. Significant Change In Condition (SCIC) - An episode where there was a significant change in the patient's condition resulting in a change in payment. Can be either positive or negative.

Date of Approval: August 2004

Date of Revision: August 2007 - Changed Novius to Encore

Subject **2031 Medicare Credit Balance Reporting**

Policy Statement: All providers of health care services participating in the Medicare program are required to submit a Medicare Credit Balance Report (CMS 838). A completed CMS 838 is to be submitted on a quarterly basis.

Rules: Section 1866(a)(1)(c) of the Social Security Act requires health care providers participating in the Medicare program to make adequate provisions to refund any monies incorrectly paid. Providers are to complete the CMS 838 ensures that monies owed to the Medicare program are repaid in a timely manner.

Procedure:

1. The CMS 838 consists of a Certification page and a Detail page. Both should be submitted in hardcopy to Palmetto GBA, no later than 30 days after the close of each calendar quarter. Beginning October 1, 2002, faxed copies will no longer be accepted.
2. The Certification page is to be signed and dated by your Region Administrator. If no credit balances are reflected in your records for the reporting quarter, the Certification page hardcopy must still be signed and submitted attesting to this fact.
3. The Detail page requires specific information on each credit balance, on a claim-by-claim basis. The Detail page provides space to address 21 claims, but it may be reproduced as many times as necessary to accommodate all of the credit balances that are being reported. Part A and Part B credit balances may be listed on the same Detail pages.
4. Complete the data fields for each Medicare credit balance by providing the following information (when a credit balance is the result of a duplicate Medicare primary payment, report the data pertaining to the most recently paid claim):

Column 1 -The last name and first initial of the Medicare beneficiary.(e.g., Doe, J.)

Column 2 - The Medicare Health Insurance card number of the Medicare beneficiary.

*Column 3 - The 13-digit Document Control Number (DCN) assigned when the claim is processed.

*Column 4 -The 3-digit number delineating the type of bill, i.e.-111-inpatient, 131-outpatient, 333-home health, etc. of the claim.

Column 5/6 -The "From" and "Through" dates (use statement covered period not the patient's admission or discharge date) in MM/DD/YY format.

*Column 7 - The Month, Day, and Year (in MM/DD/YY format) the claim was paid. If a credit balance is caused by a duplicate Medicare payment, the paid date and DCN number must correspond to the most recent payment.

Column 8 - An "O" if the claim is for an open Medicare cost reporting period, or a "C" if the claim pertains to a closed cost reporting period.

Column 9 - The amount of the Medicare credit balance that was determined from your accounting records. You may want to use your Medicare Accounts Receivable to assist you in this process.

Column 10 - The amount of the Medicare credit balance identified in Column 9 being repaid with the submission of the report.

Column 11 - A "C" when a check is being submitted with the CMS 838 to repay the credit balance amount shown in Column 9, or an "A" if an adjustment claim is being (or has been) submitted. Use an "X" if repaying the credit balance amount with an adjustment bill that has previously been submitted, but has not appeared on a remittance advice.

Column 12 - The amount of the credit balance that remains outstanding (Column 9 minus Column 10). This column should show a zero because full payment is required with the submission of the report.

Column 13 - The reason for the Medicare credit balance by entering a "1" if it is the result of a duplicate Medicare payment, a "2" for a primary payment by another insurer, or a "3" for "Other Reasons".

Column 14 - This column is completed only if the credit balance was caused by a payment when Medicare was not the primary payer. Enter the Value Code to which the primary payment relates.

- 12 - Working Aged
- 13 - End Stage Renal Disease
- 14 - Auto No Fault/Liability
- 15 - Worker's Compensation
- 16 - Other Government Program
- 41 - Black Lung
- 42 - Veterans Administration
- 43 - Disability

(*Information to be completed by Central Office, Finance)

Column 15 -The name and address of the primary insurer identified in Column 14.

NOTE: ONCE A CREDIT BALANCE IS REPORTED ON THE CMS 838, IT IS NOT TO BE REPORTED ON A SUBSEQUENT PERIOD REPORT.

5. Payment of Amounts Owed Medicare - All amounts owed Medicare as shown in Column 9 of the credit balance report should be paid at the time the HCFA 838 is submitted. Payment may be made by check (Finance will cut checks as applicable) or by the submission of adjustment requests.
6. Records Supporting CMS 838 Data Submissions - Providers must develop and maintain documentation which shows that each patient record with a credit balance was reviewed to determine credit balances attributable to Medicare. At a minimum, your procedures should: 1) identify whether or not the patient is an eligible Medicare beneficiary, 2) identify other liable insurers and the primary payer, and 3) adhere to applicable Medicare reimbursement rules. Proper completion of the DHEC 174 will meet all these requirements.

Penalties may be imposed for failure to submit the CMS 838, or for not maintaining documentation that adequately supports the credit balance data reported to the Medicare program. Intermediaries will review a provider's documentation during their audits/reviews performed for cost settlement purposes.

7. Compliance with Medicare Secondary Payer (MSP) Regulations - MSP regulations 42 CFR 489.20 require providers to reimburse Medicare within 60 days from the date they receive payment from another payer (primary to Medicare) for the same service. Submission of the CMS 838 and adherence to its instructions do not interfere with this rule; adjustment bills resulting from MSP payments must be filed within the 60-day period.

Date of Approval: May 2003

Date of Revision: May 2006

Changed "district" to "region"

Date of Revision: November 2007

Updated field descriptors for CMS-838

Subject : **2040 Cost Reports**

Policy Statement: Cost Reports are filed annual, ninety (90) days following the close of the fiscal year. Cost reports are reviewed quarterly. The Medicare Cost Report is filed with Palmetto Government Benefits Administration (The Fiscal Intermediary) and the Medicaid Cost Report is filed with the Department of Health and Human Services.

Rules: The purpose of this policy is to provide instructions necessary to the accurate preparation of the cost reports.

Procedure:

1. The Bureau of Home Health Services coordinates with the Bureau of Finance to establish annual close out dates for year-end reports.
2. Central Office advises each district concerning the submission deadlines for Home Health Services transactions and corrections. Each region's Home Health Services accounting staff must stay abreast of billing and reconciliation procedures in order that "close out" requirements can be met. Failure to satisfy accounting technician tasks on a daily basis will result in cumbersome time-consuming "close outs" at year-end.
3. Once all transactions and corrections have been submitted and processed, the Bureau of Finance contacts Bureau of Home Health to generate year-end reports.
4. These reports are used by the Bureau of Finance to compile the Bureau of Home Health Services cost reports. The Bureau of Finance follows Medicare policy with regard to preparation of the cost report. When there is a conflict between DHEC policy and Medicare policy, the Bureau of Finance will follow Medicare policy for the cost report.
5. Once cost reports have been filed, the recipient (Palmetto Government Benefits Administration or Department of Health and Human Services) conducts an audit and site visits to validate the information. Central Office will coordinate with auditors to facilitate audit requirements.

6. The Bureau of Home Health Services costs are audited. Medicaid makes payments to the Bureau of Home Health Services for each discipline. Payments made by Medicaid are based on the Medicare rates.
7. A letter indicating the amount of program reimbursement will identify funds owed to the Bureau of Home Health or a notice of program overpayment will advise of funds the Bureau of Home Health owes.
8. Medicaid settlements normally occur following filing the Medicare cost reports. Final settlement occurs following audit of the cost reports.

Date of Approval: November 2003

Date of Revision: May 2006

Changed "district" to "region"

Subject: **2060** Indigent Care Review

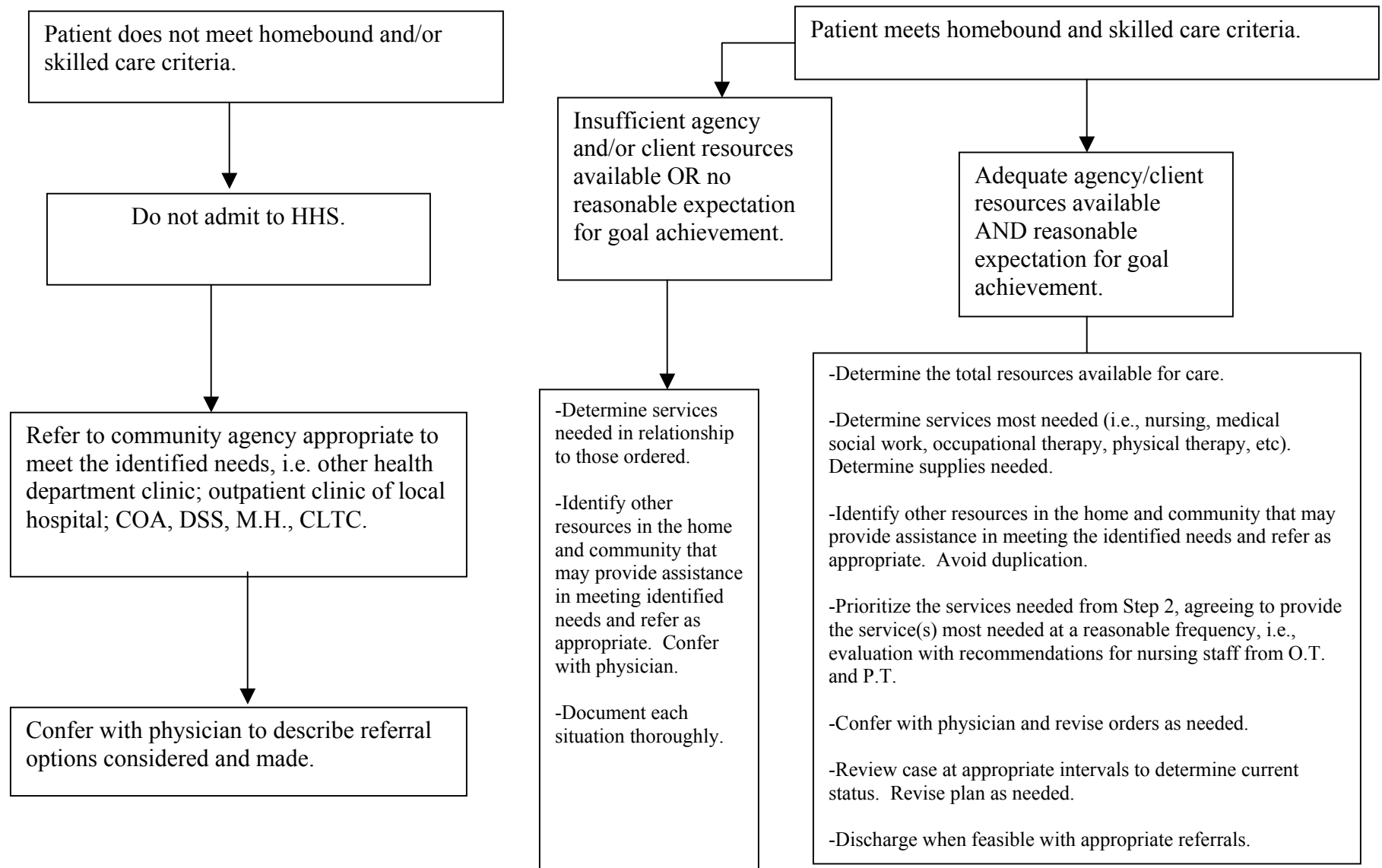
Policy Statement:

Each health region will establish a process to review 0%, 25%, 50%, and 75% self-pay cases on a regular basis, but no less frequently than every 60 days. Self-pay patients referred for services must meet all Medicare-defined program guidelines for service eligibility (i.e., homebound, in need of intermittent, skilled services, and under a physician's plan of care). Patients will be accepted to care based upon available staffing and funding within the region, the patient's/caregiver's willingness and ability to participate in the plan of care, and the reasonable expectation that goals can be achieved with available agency and patient resources. The purpose of the Indigent care review will be to ensure consistent interpretation/application of program guidelines to patients in self-pay categories and to ensure a congruent pattern of indigent care provided as compared to available resources.

Procedure:

1. All patients lacking a third party payer, whether on admission or at any time after admission, must have an Admission Authorizations and Consents Form, Self-Payment section. Patients with third party, commercial insurance are not eligible for reduced charges. The Admission Authorizations and Consents Form, Self-Payment section will determine if the self-pay patient is eligible for reduced charges.
2. Self-pay cases will be reviewed at the time of admission to determine services and/or supplies that can be provided. To ensure mutual agreement between all parties, decisions are to be made jointly between agency staff, the patient/caregiver, and the physician, and documented in the clinical record. Failure of all parties to agree will result in referral to another agency or resource for the needed care.
3. Following the initial review at admission, self-pay cases will be reviewed on a regular basis in order to establish continued eligibility/need for services and to make recommendations for adjustments to the plan of care as indicated. The frequency of this review will be determined by the complexity and/or cost of the case. All cases will be reviewed no less frequently than every 60 days.
4. At least 10 percent of all self-pay cases will be reviewed quarterly through the region Utilization Review process.

Patients In A Self-Pay Category



Date of Approval: August 2004

Date of Revision: December 2004

Procedure: 1. added

Date of Revision: May 2006

Policy Statement: Self-Pay cases reviewed on a regular basis will 0%,
25%, 50%, and 75%

Subject: 2080 Financial Patient Record

Policy Statement:

Patient Financial Records will be maintained separate from Clinical Records to facilitate convenient and expected access to patient financial data.

Procedure:

1. Patient Admission Authorizations and Consents Form (copy) and the DHEC 174 Patient Financial Database worksheet will be maintained in the accounting office in a batch file unless a patient financial record must be established.
2. The batch file will be maintained by calendar year with forms filed alphabetically by patient last name. The batch file should be archived according to agency policy for home health financial records.
3. Establish a Patient Financial Record whenever there are any financial documents, as described in the following chart, other than the Admission Authorizations and Consents Form and the DHEC 174 worksheet for a given patient episode of care.
4. If a financial record must be established, a separate record should be established for each admission episode (episode of care).
5. Patient Financial Records should be labeled with the patient's last name, first name, middle initial and Encore record number. The label should be typed or printed neatly. Open Financial Records should be maintained alphabetically by patient last name and kept separate from discharged records.
6. Discharged Financial Records should be archived according to agency policy for home health financial records.
7. The Admission Authorizations and Consents Form and the DHEC 174 worksheet should be filed on the bottom of the left side of the patient financial folder. The DHEC Continuation Sheet should be filed on the top left side for ease of documentation. Each entry should be dated and signed. All other required or applicable items should be filed in date order on the right side of the patient folder with the most recent date on top.
8. All DHEC originated correspondence/documentation should be signed and dated by the DHEC employee, including documentation of telephone calls.

Exhibit A
FINANCIAL RECORD CONTENT: **CERTIFIED CHART**

Description	Medicare	Medicaid	VA-Skilled	TRICARE Champus	Self Pay	Private Insurance
Admission Authorizations and Consents	R	R	R	R	R	R
DHEC 174, Part One Pt. Financial Data Base	R	R	R	R	R	R
DHEC 174, Part Two Pt. Financial Data Base	NR	NR	NR	NR	R	NR
Appeal Letters	IA	NR	IA	IA	NR	IA
Copy of Monthly Bill Supply Sheet as applicable.	IA (ADR 327, 328)	IA (Hard- copy bill)	R	R	R	R
Insurance Benefits Notification Letter	NR	NR	NR	R	NR	R
Case Analysis Report(s)	IA	NR	NR	NR	NR	NR
Correspondence and Documentation to include telephone conferences	IA	IA	IA	IA	IA	IA
Managed Care/Rate Negotiations Form	NR	NR	NR	R	NR	R
Explanation of Benefits (EOBs) attached to corresponding Billing Period	NR	NR	R	R	NR	R
Error Correction Forms (ECFs)	NA	IA	NA	NA	NA	NA
Indigent Care Form DHEC 1697	NR	NR	NR	NR	IA	NR

Legend:

R = Required

NA = Not Applicable

IA = Required if Applicable

NR = Not Required

Exhibit A
FINANCIAL RECORD CONTENT: **NON-CERTIFIED** CHART

Description	Medicaid Dual or Veni- puncture	Baby- net	FSS	Waiver Services	Betaseron/ Copaxone	Underwriting Benefit Assessments	Private Insurance
DHEC 174, Part One Pt. Financial Data Base or DHEC 755	R	R	R	R	NR	NR	R
Copy of Monthly Bill	IA (Hard Copy Bill)	R	NR	NR	R	R	R
Insurance Benefits Notification Letter	NR	NR	NR	NR	NR	NR	R
Correspondence and documentation to include telephone conferences	IA	IA	IA	IA	IA	IA	IA
Managed Care Rate Negotiation Form	NR	NR	NR	NR	NR	NR	IA
Explanation of Benefits (EOB) attached to corresponding billing period	NR	R	NR	NR	R	R	R
Error Correction Forms (ECFs)	IA	NA	IA	NA	NA	NA	NA

Legend:

R = Required

NR = Not Required

IA = Required if Applicable

NA = Not Applicable

Date of Approval: August 2003
Date of Revision: February 2005 Procedures revised to incorporate the new Admissions Packet
Date of Revision: May 2006 Wording change – DHEC 174 Form changed to DHEC 174
Worksheet
Home Health Advance Beneficiary Notice-deleted
Date of Revision: August 2007 Change Novius to Encore

Subject: 2110 Automated Billing Procedures

Policy Statement: Billing home health clients requires identifying the appropriate payers(s) and must meet program specified billing frequency and follow established processes.

Standards:

Regional Accounting Staff will bill the appropriate payer in order of priority and limits of liability. Admission paperwork is received in the Home Health Accounting Office from the Home Health County offices throughout the Region. Admission paperwork should include the original DHEC 174 Form. Admission paperwork may also include insurance verification form, payer authorization for services, insurance rate negotiation form and/or a copy of the financial obligation letter that was mailed by the county office to patients who have personal obligation for any portion of the charges. The Accounting Staff reviews data in Encore Financial System (EFV) for accuracy relating to payer information (correct payer, policy and/or group number.) This information is maintained in the Accounting office according to the home health financial patient record policy (#2080) and retained/archived according to Agency policy for home health financial records.

County offices are required to send a billing Hold (Drop)/Release List to the Accounting office, along with any payer required medical information, by a Region specified date each month but no later than the 10th of the month. Lists should be updated, at a minimum, weekly. The Hold/Release List should be based on the verification of billing information that includes verification of number of types of visits, supplies, signed orders, and visit frequency. With the exception of Medicare Requests for Anticipated Payment (RAPS), billing is processed only for claims that have been released for billing by the county office. Accounting periods must be closed by the 15th of each month. At least ninety percent of billing for the previous month should be completed prior to closing. The Encore Financial View end of period and accounts receivable balancing processes in both certified and non-certified business units should be completed no later than the 15th of each month. All Home Health billing is processed through the Encore Financial System.

Regions should have an established process to verify Medicare and Medicaid receipt of claims following electronic billing.

Procedure:**A. Medicare**

Medicare patient numbers are verified for accuracy and patient eligibility is verified through Florida Customer Information Control System (CICS)/Direct Data Entry (DDE) via the DHEC Mainframe System. CICS/DDE is also searched for evidence of Medicare Secondary Payer (MSP) and Medicare HMO information. The Health Insurance Query inquiry system (HIQH) in DDE should also be

accessed to determine if an episode has already been opened for a beneficiary by another home health agency and/or if a patient is under HOSPICE care. Request for Anticipated Payment (RAPS) are to be billed weekly, at a minimum. LUPA's and Final claims should be billed weekly, at a minimum according to the Hold/Release List updates.

B. Medicaid

Medicaid patient numbers and eligibility are verified on referral and eligibility is verified monthly thereafter through the Medicaid web-based tool. The Medicaid web-based tool is also checked for any third party liability (TPL), HMO's, and Medicaid waivers. Medicaid billing should be processed monthly, at a minimum.

C. Private Pay (Insurance)

Patient benefits and eligibility should be verified prior to admission. Contracted Private Insurance Payers are billed according to guidelines and time frames established in their respective contracts. Non-contracted Private Insurance Payers (including litigations, worker's compensation, etc.) are billed, at a minimum, monthly. Any co-insurance and deductibles are billed to secondary payer(s) (including Medicare, Medicaid, Private Insurance, Self Pay, etc.) after proper primary payment(s) has been applied. Payer agreements should be written off in Encore Financial View prior to transferring balances to secondary payers.

D. Self Pay

Patients with no other pay source are billed according to the Home Health sliding fee scale based on their income. This information is obtained as part of the admission process on the DHEC 174 form. Patients with insurance coverage are billed secondary for deductibles and/or co-payments at 100%. Self-pay is billed monthly, at a minimum.

E. Other Payers

Best Chance – See Policy number 2308 for billing guidelines.

Tuberculosis – Billing should be processed monthly in Encore Financial View. A hardcopy of the claim should be sent to designated staff in Health Services Operations.

Date of Approval: August 2004

Date of Revision: May 2006

Medicaid no longer uses MMIS system-changed to Medicaid web based tool.

Date of Revision: August 2007

Changed Novius to Encore. Added: "signed" orders.

MMIS - changed to Medicaid web-based tool.

Subject: **2115** Transfer of Patients based on Provider Number

Policy Statement:

In order to accommodate a patient's needs, patient transfers are sometimes necessary. Staff will carefully coordinate continuity of care in these instances and ensure maximum reimbursement.

Procedure:

There are two types of patient transfers: (1) the transfer of a patient from a DHEC home health agency to an agency with a different provider number, and (2) the transfer of a patient from one county to another within the same DHEC region.

TRANSFER THAT RESULTS IN A CHANGE OF PROVIDER NUMBER:

This could be between DHEC Regions or from/to another Home Health Agency, for example Interim (Refer to Policies 3150 & 4070).

1. The transferring DHEC home health agency will complete the agency discharge in Encore Clinical with the reason for discharge as "transfer".
2. The receiving DHEC agency will admit the patient using a source of admission of "transfer from another HHA". The Encore Clinical Metropolitan Statistical Areas/Core Based Statistical Area (MSA\CBSA) code should be entered according to the following three scenarios:
 - New Patient should be entered according to geographical location (MSA\CBSA)
 - If the patient is a readmission and has no change of geographical location, MSA\CBSA effective date should remain unchanged.
 - If the patient is a readmission and has a change of geographical location, then the address, county code and MSA\CBSA code must be updated in Encore Financial. Under the "more address" field, enter the effective thru date of the prior address and save. Add the effective from date of the new address. Enter the new information and save.
 - NOTE: This is very important in order to receive payment from Medicare promptly.
3. The receiving DHEC agency will document they have informed the patient that the transferring agency:

- will no longer receive Medicare payment on the patient's behalf and,
 - will no longer provide Medicare covered services after the date of the patient's elected transfer.
4. The receiving DHEC agency is responsible for documenting in the clinical record that they have:
 - accessed the Regional Home Health Intermediary (RHHI) inquiry system to determine whether or not the patient was under an established plan of care (print a copy of Health Insurance Query for Home Health Agencies (HIQH) and date stamp it prior to adding it to the patient's record) and,
 - contacted the transferring agency and notified them of the effective date of transfer.
 5. The HIQH date stamped copy may be helpful if a dispute arises between DHEC Home Health and another agency claiming to have the patient on service. If a dispute should arise, agencies should attempt to settle the issue themselves, but if unable to do so, they should contact Palmetto GBA.
 6. The receiving DHEC agency will obtain a new 485 (Plan of Care) with the start of care date equal to the date of the first billable visit.
 7. The receiving DHEC agency should request any needed information by obtaining DHEC 1623 (Authorization to Release Health Information).

TRANSFER BETWEEN COUNTIES WITHIN THE SAME DHEC REGION (i.e., no change in region or no change in provider number)

1. Accounting must be notified as soon as possible.
2. The receiving county will update the address, county and MSA/CBSA code in Encore Financial. Under the "more address" field, enter the effective thru date of the prior address and save. Add the effective from date of the new address. Enter the new information and save.
3. The receiving county will update the team and substation codes in Encore Clinical.

Subject: 2120 National Provider Identifier (NPI)

Policy Statement:

The National Provider Identifier (NPI) is a unique identification number to identify a health care provider in standard transactions, such as health care claims. The Health Insurance Portability and Accountability Act (HIPAA), passed in 1996, required that Health and Human Services establish a unique identifier requiring that covered entities (i.e., health plans, health care clearinghouses, and those health care providers who transmit any health information in electronic form) use NPIs in standard transactions.

Regulations: PUB 100-04, Ch. 10

Procedure:

1. A crosswalk of DHEC legacy to DHEC NPI numbers and a copy of all NPI applications are maintained in Health Services Operations (HSO).
2. NPI numbers will replace all legacy identifiers to include Provider Identification Number (PIN) and Unique Physician Identification number (UPIN).
3. All claims submitted for payment must show the name and NPI number of the ordering/referring physician on the claim form, if that service or item was the result of an order or referral from a physician.
4. Physicians serving on active duty in the military of the United States and those employed by the Department of Veterans Affairs (VA) will need an NPI.
5. Because medical students, interns, residents, and fellows are health care providers, they are eligible for NPIs. The Final Rule for NPI's does not require interns or residents to obtain NPI's, however, if they refer patients for home health services, they are required to have an NPI number.
6. NPI numbers in Encore Financial View (EFV) will be validated annually by Home Health Central Office Staff against the NPI Registry website.

Subject: 2130 Collection Effort**Policy Statement:**

Accounting personnel are to pursue the collection of claims with payers through timely billing, prompt response to billing inquiries, and prompt follow up on unpaid claim balances. The collection effort may be terminated after 12 months but must be terminated after 36 months since the last patient activity (visit or payment), or after third party denial of insurance charges, including appeals, is documented. The purpose of this policy is to provide instructions for required collection effort and billing follow-up.

Procedure:

1. Region Accounting Technicians, utilizing the Accounts Receivable Reports in the Encore system and monitoring the patient's electronic accounts receivable ledger, follow-up with patients and third-party payers to collect outstanding claims. A record of this follow-up effort is documented in the patient's financial record.
2. For patients who have *private insurance* (including Medicare HMOs) coverage, standard letters are included in this policy (Attachments A,B,C).
 - Insurance Claims for active patients should be billed monthly or weekly depending on payer claim submission timeframes. Prompt follow up on unpaid claims including appeal of denials as appropriate is essential. Follow up on unpaid insurance claims should begin no later than 60 days after submission of the claim. Collection efforts for insurance claims should continue until it is determined that further action is unlikely to result in insurance company payment.
 - After insurance payments have been applied to patient claims and no further collection efforts with the insurance company are indicated, any payer agreements should be written off. The unpaid balance should be transferred to the patient as Self Pay 100% in the Encore system. A patient / estate bill should then be generated and mailed. The patient balance should be billed monthly while the services are on going. After the patient has been discharged, bills should be sent at least twice per fiscal year. Collection efforts must continue for a minimum of 12 months (36 months optional) after the last account activity (i.e. payment). However, after 36 months, all collection efforts must be terminated.
 - Attachment A should be sent within 15 days of admission.
 - Attachment B should be included with the monthly patient estate bill 60 days after the first patient estate billing **if no payment arrangement has been made.**
 - Attachment C should be included with the monthly patient estate bill 60 days after sending Attachment B **if the patient still has not responded to previous requests for payment.**
 - If bills are returned as undeliverable, a copy of the returned envelope from the United States Postal Service should be retained in the

financial folder. No further bills should be sent unless a valid address is identified.

3. For Self Pay patients (*No Payment Source*), bills should be sent monthly while services are on going. After the patient has been discharged, bills should be sent at least twice per fiscal year. Collection efforts must continue for a minimum of 12 months (36 months optional) after the last account activity (i.e. payment). However, after 36 months, all collection efforts must be terminated.
 - Attachment D should be included with the bill sent approximately 60 days after discharge **if no payment arrangement has been made.**
 - Attachment E should be included with the bill sent approximately 120 days after discharge **if no payment arrangement has been made.**
3. DHEC Finance will provide assistance in researching payments when a payer indicates that a remittance was sent but payment has not been posted to the patient's accounts receivable electronic ledger. Districts should remember to allow sufficient time for Finance to process the payment before making contact (allow 15 days processing time).
4. Contact with Finance to research payments should be in written form and should contain the following minimum essential information:
 - Patient's Name
 - Date of Service
 - Amount of Check and Date of Issue
 - Payer
 - District Contact Person
5. Reference policy 2131 for associated write-off procedures

Date of Approval: August 2004

Date of Revision: August 2007-Changed Novius to Encore

ATTACHMENT A



December xx, xxxx

Mr. John Doe
123 Anywhere Street
Columbia, SC 202XX

Dear Mr. Doe:

Thank you for choosing XXXXXXXXXXXXXXXXXXXX Home Health. In accordance with our Patient Bill of Rights, we will bill your insurance carrier/managed care provider for home health services ordered by your physician. We anticipate that your insurance carrier/managed care company will cover the services provided to you that are checked below:

- ☐ Skilled Nursing
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Medical Social Work
- ☐ Home Health Aide
- ☐ Medical supplies
- ☐ R.D.

Services not checked may or may not be covered by your insurance carrier/managed care company. If your condition should change, we may have to provide additional services. If this should occur and your insurance carrier/managed care company does not cover these services, you may be liable for payment. You will be responsible for payment of any amount (including deductibles and co-insurance) unpaid by your insurance carrier/managed care company. Should you have any questions or wish to make payment arrangements, our Region accounting staff will be glad to assist you. You may contact them by calling _____ Monday-Friday from 8:30 AM to 5:00 PM.

Sincerely,

Star Biller

Home Health

SC DHEC

ATTACHMENT B



December xx,xxxx

Mr. John Doe
123 Anywhere Street
Columbia, SC 202XX

Dear Mr. Doe:

In accordance with our Patient Bill of Rights, we have billed your insurance carrier/managed care provider for home health services ordered by your physician. They have processed our claim and made payment if applicable. You are now responsible for payment of the balance due on your account. We have had no response to our previous bills and must ask that you now make payment in the amount of _____ for home health services provided to you.

Should you have any questions or wish to make payment arrangements, our Region accounting staff will assist you. You may contact them by calling _____ Monday-Friday from 8:30 AM to 5:00 PM.

Sincerely,

Star Biller
_____ Home Health
SC DHEC

Attachment C



December xx,xxxx

Mr. John Doe
123 Anywhere Street
Columbia, SC 202XX

Dear Mr. Doe:

In accordance with our Patient Bill of Rights, we have billed your insurance carrier/managed care provider for home health services ordered by your physician. They have processed our claim and made payment if applicable. You are now responsible for payment of the balance due on your account. We have had no response to our previous bills and must ask that you now make payment in the amount of _____ for home health services provided to you.

Should you have any questions or wish to make payment arrangements, our Region accounting staff will assist you. You may contact them by calling _____ Monday-Friday from 8:30 AM to 5:00 PM. If we do not hear from you within ten days from the date of this letter, your account may be placed with an agency attorney who will proceed according to DHEC collection guidelines.

Sincerely,

Star Biller
_____ Home Health
SC DHEC

ATTACHMENT D



January xx,xxxx

Mr. Bill Me
205 Pay Claim Street
Columbia, SC 202XX

Dear Mr. Me:

In accordance with the Patient Bill of Rights you have been billed _____% of our standard charges. We have had no response to our previous bills and must ask that you now make payment in the amount of _____ for home health services provided to you ordered by your physician.

Should you have any questions or wish to make payment arrangements, our Region accounting staff will assist you. You may contact them by calling _____ Monday-Friday from 8:30 AM to 5:00 PM.

Sincerely,

Star Receiver
_____ Home Health
SC DHEC

ATTACHMENT E



January xx,xxxx

Mr. Bill Me
205 Pay Claim Street
Columbia, SC 202XX

Dear Mr. Me:

In accordance with the Patient Bill of Rights you have been billed _____% of our standard charges. We have had no response to our previous bills and must ask that you now make payment in the amount of _____ for home health services provided to you ordered by your physician.

Should you have any questions or wish to make payment arrangements, our Region accounting staff will assist you. You may contact them by calling _____ Monday-Friday from 8:30 AM to 5:00 PM. If we do not hear from you within ten days from the date of this letter, your account may be placed with an agency attorney who will proceed according to DHEC collection guidelines.

Sincerely,

Star Receiver
_____ Home Health
SC DHEC

Date of Approval: August 2004

Date of Revision: May 2005

Policy Statement revised

Procedure:

2. Information about billing private insurance after discharge added

3. Information about billing self pay after discharge added

Date of Revision: May 2006

Attachment A – Added R.D. as a covered service

Wording change – “district” changed to “region”

Subject: 2131 Write-off Procedures

Policy Statement:

All services and supplies provided to a patient must be captured and recorded in Encore. Services and supplies must be accrued and written-off, as directed in this policy.

Procedure: Write-offs of Accounts Receivable Balances: No balance owed should be written-off before the procedures listed below are followed.

Mail a bill to each patient carrying a balance monthly while services are ongoing and for a period of 12 months up to 36 months of last customer activity (i.e. visit or payment.)

1. Copies of all bills and delinquent letters should be filed in the patient's financial folder. Reference policy 2130 related to the timing of the delinquent letters.
2. For balances of \$1000 or more, The S.C. Department of Revenue (DOR) Governmental Enterprise Accounts Receivable (GEAR) Collections Program should be considered for collection efforts as necessary and determined on a case-by-case basis by the Home Health Nurse Administrator/Manager. The Home Health Nurse Administrator/Manager may determine if GEAR will be used for amounts less than \$1000. For additional information on the GEAR contract, please contact the Chief of Staff's Contract Office.
3. An account may be written-off after 12 months since the last customer activity (i.e. visit or payment). At a maximum, an account must be written off after 36 months since the last customer activity (i.e. visit or payment) unless there is ongoing litigation or the account has been referred to the DOR GEAR Program. In such case, the account may be required to be on the books longer than the 36 months time limit.
4. The Transfer Recap Report should be run monthly and reviewed by the Home Health Nurse Administrator/Manager or a designee to ensure appropriate checks and balances.

Date of Approval: August 2004

Date of Revision:

May 2005: Procedures

Changes made to reflect billing procedures after discharge

August 2007: Changed Novius to Encore

Subject: 2140 Supply Management**Policy Statement:**

Supply management is an integral component in the provision of home health services. A supply formulary has been developed for Home Health Services to ensure access to quality products while maintaining cost efficiency within the Home Health program.

Regulations: HIM 206.4**Rules:**

1. Only supplies listed on the formulary shall be purchased for use within Home Health services. If a special supply is needed, the Special Supply Process must be followed. Supplies cannot be billed properly unless this rule is followed.
2. All supplies must go through an approval process prior to addition to the Home Health formulary.
3. All supplies are to be issued by the "each". The following are the only exceptions to this rule:
 - a. Supplies that are cut into lengths are issued/charged by the inch (i.e. Tubigrip, Stretch Net, etc.)
 - b. Gauze squares (2x2's) issued by the each are considered non-chargeable. The only time this supply becomes chargeable is when an entire log of 2x2's (200) is issued to the patient.
4. Visiting staff should only provide quantities of supplies that will attend to the needs of the patient until the next scheduled visit.
5. From an infection control standpoint, excess supplies left in the home cannot be brought back into the home health office to be placed into a "charity closet". Patients and/or families may be encouraged to donate these supplies to a local charity organization that agrees to provide "charity" supplies to the public.
6. The prime vendor has a 24-hour delivery stipulation in the DHEC contract. Orders must be transmitted prior to 11am for next-day delivery. All orders require a \$200.00 minimum for free delivery. Delivery schedules can be adjusted with 24-hour response by notifying the prime vendor.
7. If excess inventory is received from prime vendor, the district has a 45-day grace period to return the supply with a 10% restocking fee. It is better to absorb the cost of this restocking fee than to leave a slow moving supply in the DHEC inventory.
8. Stockpiling medical supplies is prohibited. Limitations in shelf life, continuous quality improvement, changes in item cost due to both availability and competition, and the likelihood of audit exception encourage the prudent management of medical supply items.
9. Supply storage areas are to be secured at all times with access limited to those with designated responsibility for supply distribution and management
10. New employees are to be in-serviced on the supply process during orientation.
11. The Product Evaluation Form or the Product Complaint Form must be completed in entirety and signed off by a designated district supervisor in order for a request to be reviewed by the Product Evaluation Committee. The completed Product Evaluation/Product complaint form must be faxed to Central Office (803) 898-0350.

Procedures:**A. Routine Supplies:**

1. Routine supplies are considered routine because they are used in small quantities to treat a patient's specific illness or injury in accordance with the physician's plan of care. These supplies are often placed in the "nursing bag" for use during visits.
2. Routine supplies are considered part of the visit cost; therefore, these supplies are not billed to the patient, regardless of payer. These supplies can only be billed if the quantity issued exceeds the amounts listed below.
3. A physician's order is not necessary when issuing routine supplies unless the amounts issued exceed the numbers listed below and the item will be billed to the payer.
4. The following items are considered routine supplies:
 - a. Alcohol or alcohol wipes
 - b. Band-Aids (2 per visit)
 - c. Betadine applicators
 - d. Blood drawing supplies (needles, syringes, tubes, tourniquets, etc.)
 - e. Cotton Balls
 - f. Cotton tipped applicators (3 per visit)
 - g. Diapers/Briefs
 - h. Disposable Equipment – i.e. BP Cuff, Stethoscope for infectious patients
 - i. Gauze squares (4 per visit)
 - j. Gloves (1 pair non-sterile per visit)
 - k. Hemocult supplies
 - l. Lancets
 - m. Linen Savers
 - n. Moisture barrier ointments &/or creams
 - o. Needles – the only exception is needles used in IV therapy procedures
 - p. Personal protective equipment (aprons, gowns, goggles, masks)
 - q. Specimen containers (sterile or non-sterile)
 - r. Suture removal kit – unless used to remove sutures
 - s. Syringes –used for drawing blood or giving injections
 - t. Tape – any type
 - u. Tape measures
 - v. Therapy Supplies – (Theraband, Rep Cords, Theraputty, Lemon Glycerin swabs, Cylindrical Foam, Shoe Horn, Reacher, Webbing, etc.)
 - w. Thermometer – for patients at risk of infection/fever
 - x. Thermometer covers
 - y. Tongue depressors
 - z. Skin sealant (i.e. Skin Prep) 2 per visit
 - aa. Vaseline
 - bb. Water soluble lubricant

B. Non- Routine Supplies:

1. These are considered non-routine because they are needed to treat the patient's specific illness or injury in accordance with the physician's plan of care.
2. All non-routine supplies require a physician's order.

3. Non-routine supplies are to be issued to a specific patient. If any of these supplies are issued to home health staff as “car supplies”, the supplies can only be replaced if the supply has been billed to a patient for whom it was issued.
4. The following items are considered non-routine supplies:
 - a. Applicators – sterile tipped
 - b. Dressing supplies for wound management
 - c. Gloves – sterile, necessary for procedure
 - d. Needles (safety devices) to be used for IV procedures (i.e. Jelco, Butterfly, Huber)
 - e. Syringes used for procedures other than drawing blood or injections (i.e. 60cc cath-tip, 60cc luerlok, 30cc luerlok)
 - f. Therapy Supplies – Thickit, Laryngeal Mirror
 - g. Urological Supplies – catheters, drainage bags, catheter kits, irrigation kits, (Note: specimen containers cannot be billed).

C. Supplies/Equipment not furnished by Home Health Services.

1. These products are considered Durable Medical Equipment.
 - a. Diabetes supplies (only use DHEC purchased testing strips, lancets, etc. until DME provider can deliver supplies)
 - b. Canes/Walkers
 - c. Enteral Feeding Equipment
 - d. G-Tubes
 - e. IV Equipment
 - f. Orthotics/Prosthetics
 - g. Lymphedema Pumps
 - h. Walkers
 - i. Specialty Beds/Mattresses or Chair Cushions
 - j. Splints
 - k. Suction Catheters
 - l. Wound Vac

D. Special Supplies

1. Osteoporosis Drug- patient must have Medicare Part A & Part B to receive this service.
2. Hep Lock – due to the Pharmacy Act, only take Heparin that employees will use on the visit. If used between visits, a pharmacist must label bottles. It is advisable to get the physician to write a prescription and have the patient to get this prescription filled at a pharmacy.

E. Medicare Allowable

1. Home Health Service is only required to furnish products up to the current Medicare Allowable that has been determined to be medically necessary for a specific condition (i.e. ostomy management, intermittent catheterization, pleural drainage, etc.).
2. The usual maximum quantities are guidelines and all patients will not necessarily need these quantities. However, if the physician documents a medical reason to exceed this quantity, Home Health will provide the extra supplies.

F. Inventory Management

1. Inventory control is necessary for the following reasons:
 - a. Prevent excess revenues from being “tied up” on shelves
 - b. Prevent expiration of inventory
 - c. Reduce use of obsolete products
 - d. Reduce storage needs
2. All offices shall design a process to prevent excess inventory storage. Inventory mechanisms should be established to prevent stocking of greater than one month of a specific supply during any period in time. Establishing minimum and maximum levels of inventory may accomplish this task.
3. Supplies should be ordered on a bi-weekly basis to ensure tight inventory controls.
4. Reports can be run out of Encore Financial View to determine which products have been used during the previous 2-4 week periods.

G. Swap & Shop

1. A GroupWise address has been created to assist with obtaining or depletion of inventory. The GroupWise address is: HS_HHS_Supply_Swap.
2. The swap and shop process does not involve transfer of funds from one account to another. Instead, districts swap items/supplies in the same dollar range. For example, Region X needs a specific item that is not on the formulary. Before ordering this product from the prime vendor, a designated person should e-mail everyone on the supply swap list and request to “trade out” another supply for the needed product. The two regional representatives will then agree on a product/supply to swap out that is close to the same cost.
3. The swap and shop address can be used to:
 - a. Obtain items not listed on the formulary from another region
 - b. To deplete inventory of a soon to be expired or non-moving item
 - c. To obtain a special order supply.

H. Special Order Supply Process

1. Special orders should be evaluated very closely. When a physician or patient requests a product that is not on the Home Health Formulary, the “Special Supply Request Process” must be followed.
 - a. Initially, inform physician or patient that Home Health Services has a statewide formulary similar to most hospitals.
 - b. Encourage use of a “similar supply” that is already available on the formulary.
 - c. If there continues to be a request that Home Health furnish the off-formulary supply, utilize the following process:
 - i. Send an email to the “Swap and Shop” supply personnel throughout the state and request to “swap” out an existing supply for the special order item.
 - ii. If the special order item is not available from the “swap & shop” query, complete the Special Supply Request Form.
 - iii. Complete all entries on this form; ensure the price per each is listed for accurate entry into Encore database.
 - iv. Fax the Special Supply Request Form to the employee at Central Office that maintains the supply database.

- v. The supply will then be approved/disapproved and added to the respective regional financial and clinical database to allow for billing of the supply.
- vi. Only order the amount of a special supply necessary to meet the needs of the patient for whom the supply is ordered. Note: The Agency may go off "Contract" when the contractor is unable to provide the following:
 - 1) Prime Vendor requires purchase of a greater volume of supply than is necessary (i.e. case quantity when box quantity is sufficient for needs). In this case, notify the secondary vendor to assess if a smaller quantity can be ordered. If secondary vendor is unable to accommodate needs, the agency may order locally.
 - 2) Prime Vendor does not "stock" the supply or is unable to deliver the product in a timely manner. Check with secondary vendor to see if a more reasonable time frame for delivery can be established. If secondary vendor is unable to accommodate needs, the agency may order locally.
(Note: When a supply is ordered locally, the region personnel will use either a credit card or the DEV code that specifies emergency purchases not to exceed \$500.00 to complete the purchase.)
 - 3) A previous relationship exists between the patient and a local DME provider (Under Consolidated Billing Requirement with CMS)

I. HCFA 485 Codes:

1. The codes listed below are specially designed to provide a "generic" means of recording supplies on the 485 and/or verbal orders.
2. These codes should **NEVER** be used at Service Entry since the fees associated with these codes are not accurate costs.

<u>485 Code</u>	<u>Description of Supply</u>
485ACE	Ace Bandage
485ADAPTIC	Adaptic Dressing
485ALGINATE	Alginate Dressing
485CATHBAG	Catheter Bag
485CATHETER	Catheter
485CATHEXT	Catheter, External
485CATHRAY	Catheter Tray
485 CLEANSER	Wound Cleanser
485COBAN	Coban
485COMP	Compression Bandage
485FOAM	Foam Dressing
485GAUZE	Gauze (sterile/ns)
485GLOVE	Glove (sterile/ns)
485HC	Hydrocolloid Dressing
485HG	Hydrogel Dressing
485IVNEED	IV Needles
485KER	Kerlix
485KLING	Kling
485MULTI	Multidex Dressing
485NEED	Needles
485NS	Normal Saline

485NUGAUZE	Nugauze
485OSTOMY	Ostomy Supplies
485SYR	Syringe
485TAPE	Tape
485TELF	Telfa Dressing
485TRANS	Transparent Dressing
485UNNA	Unna Boot
485VAC	Vacutainer
485 Huber	Huber Needle
485Absor	Absorbent Dressing

Note: As of February 2005, home health supplies have been combined into "Like" categories for entry into field 14 on the HCFA 485 (Reference: Medicare Training Manual, 2002).

485wound Wound Supplies Includes:

ABD pads, Acticoat, Adaptic, Allevyn, Aquacel, Aquacel AG, Blairex, Betadine, Caldicare, Carra-klenz, Carrasyn gauze, Combiderm, Comfeel, Duoderm, Elastogel, Flexzan, Fibracol, Gauze, Gloves, Hydragran, Hydrogen Peroxide, Kaltostat, Kerlix, Kling, Mepilex, Mesalt, Multidex, Normal Saline, Normlgel, NuGauze, Opsite, Polymem, Promogram,, Q-tips (sterile/non-sterile), Restore, Saf-clenz, Saf-gel, Skin Barrier wipe/spray, Sorbsan, Steri-strips, Tape, Tegisorb, Tegaderm, Telfa, Tielle, Vaseline gauze, Water-Sterile, Xeroform

485catheter Catheter Supplies Includes:

Includes: Catheter, Cath Kits, Cath Straps, Cath Securement Device, Drainage Bags, External Catheters, Gloves, Irrigation Kit, Leg Bags, Skin Barrier wipe/spray, Tape

485comp Compression Bandaging Supplies Includes:

Ace Bandage, Circaid/Theraboot, Coban, Gloves, Profore, ,Proguide Skin Barrier wipe/spray, Stretch net, Stockinet, Surepress, Tape, Tubigrip, Unna boot, Viscopaste

485ostomy Ostomy Pouching Supplies Includes:

Ostomy Pouching products, Ostomy Accessories, Gloves, Skin Barrier wipe/spray, Tape

485gloves Gloves Includes:

Sterile and Non-sterile

485tape Tape Includes:

All Sizes/Types, i.e. Cloth, Paper, Mefix, Silk, etc.

485cream Creams/Powders Includes:

Baza, Criticaid, Elta, Microgard Powder, Mitrozol

485ivneed IV Supplies Includes:

All IV Supplies, Gloves, Betadine Swabs, Transparent Dressing, Water Sterile 30ml
With this change in process, staff must complete Field 21 on the 485 in a way that the orders reflect specifically what supply will be used in the plan of care i.e. Cath 16Fr - 5cc, Hydrocolloid Dressing, etc.

Field 21 Examples: MUST BE VERY SPECIFIC

1. Cleanse wound with **NS**, apply **foam** dressing, secure **w/tape** 2xwk. Inst cg in dsg change procedure.
2. Cleanse wound with **wound cleanser**, fill defect with **gel soaked gauze**, cover with **dry dsg**. Secure edges **w/tape**. Chg dsg daily and prn loosened, soiled, etc.
3. Cleanse wound with **Blairex**. Apply **moisture barrier ointment** around wound perimeter to prevent maceration. Apply **dakin's** dampened gauze to wound base. Cover with **dry dsg** secure **w/tape**. Chg dsg daily and prn loosened, soiled, etc.
4. Cleanse wound w/**NS**. Apply **Profore** bandaging. Chg 3xwk for 1st week; 2xwk - the second week, then weekly thereafter.

Date of Approval: August 2004

Date of Revision:

February 2005 Procedures

J. addition of 485 codes and Field 21 example

August 2007: Changed Novius to Encore
Changed district to region

Subject: 2150 Patient Financial Data Base Division of Home Health Services

Policy Statement:

DHEC Home Health still will determine the appropriate payer (s) and the correct billing sequence for each payer(s) for patients admitted to Home Health Services.

Regulations: CMS Medicare Secondary Payer (MS) Manual 20.2.1

Procedure:

1. The Patient Financial Data Base Division of Home Health Services Part One and the Confidential Financial Statement Part Two (DHEC 174) worksheet contains primary and secondary payer(s) questions that Home Health staff must ask the patient prior to the Start of Care (SOC), via a telephone call. After information is obtained, the interviewer must complete and sign as the DHEC interviewer.
2. The DHEC 174 worksheet is divided in the following sections:
 - a. Medicare/Medicaid
 - b. Insurance Coverage
 1. Primary Insurance Company
 2. Secondary Insurance Company
 3. Veteran's Administration
 4. TRICARE
3. Employment Information
 - a. Patient employed
 - b. Spouse, parent or guardian employed
 - c. Illness/injury due to work
 1. Black Lung
 2. Worker's Compensation
4. Non-work related accident
 - a. Automobile
 - b. Patient's legal representative
 - c. Settlement
5. Confidential Financial Statement Part Two
 - a. Gross Monthly Income
 - b. Size of Family
 - c. Sliding fee scale chart
6. The DHEC 174 worksheet is maintained in the accounting office with accounting staff signature as the DHEC reviewer.

7. The DHEC 174 and Instructions for completion is located on the RIMS website at <http://dhecnet/trams/>.

Date of Approval: August 2004

Date of Revision: February 2005

Procedures:

1. "via a telephone" was added

6. added

Date of Revision: May 2006

Wording change – DHEC 174 form changed to DHEC 174 worksheet

Subject: 2160 Financial Adjustments

Policy Statement: When an error is made in billing, action must be taken to correct billing at the time the error is detected. Accounting Staff must follow established procedures and guidelines, by payer, to correct billing errors after claims have already been paid.

Regulations: Pub 100-04 Chapter 10. Section 40.2

Procedure:

1. Medicare – If the provider fails to include a particular item or service on the original bill or the claims processed incorrectly, an Adjustment claim (Type of Bill 327/337) should be submitted via Direct Data Entry (DDE) within the established Medicare timeliness guidelines. If Medicare is billed in error, a Void (Type of Bill 328) claim should be sent to Medicare. See the Medicare Training Manual and the Direct Data Entry (DDE) Manual for instructions on completion of Adjustment and Void Claims.
2. Medicaid – Rejected claims should be investigated and re-filed via the Medicaid Web-based Claim Submission Tool. When Medicaid claims are paid in error and an adjustment is necessary, a void/replacement claim can be done via the Medicaid Web-based Claim Submission Tool. If a refund is necessary, a copy of the voided claim and or replacement claim should be printed and sent to DHEC Finance. See Medicaid Home Health Manual for additional information.
3. Private Pay – When an adjustment is necessary, send a corrected claim to the appropriate payer using the appropriate billing form. If a refund is necessary, notify the appropriate payer and follow individual guidelines of the Insurance Company. Some payers may adjust claims on a future remittance advice. Others will need to be adjusted by sending a Direct Expenditure Invoice (DEI) to DHEC Finance office.
4. Self-Pay – If an adjustment is necessary, corrections should be made and a new claim should be sent to the customer. If a refund is necessary, a DEI should be sent to DHEC Finance office.

Date of Approval: 05/2005

Date of Revision: 08/2007

Pub 100.2 Chapter 10, Section 40.2 changed to Pub 100.04 Chapter 10. Section 40.2

Added: If adjustment is necessary, correction must be made and new claim sent to customer

Subject: **2170 Managed Care**

Policy Statement: Certain requirements must be met for private insurance carriers and prepaid health plans to approve home health.

Standards: Eligibility requirements must be obtained from the carrier. These are conditions or qualifying factors that must be met before the patient receives benefits (medical services) under a specified insurance plan, government program, or managed care plan. The carrier may refuse to pay part or the entire fee if pre-certification and pre-authorization requirements are not met.

If pre-authorization is required, a call must be made to the insurance case manager by the region staff. The insurance case manager may request a rate negotiation.

Procedure:

Rate Negotiation:

1. Region Staff must notify Central Office Managed Care staff via groupwise, fax, or telephone of patient's name, site, and external insurance case manager.
2. Central Office will contact the external insurance case manager for rate negotiation.
3. A Managed Care Benefits Information Worksheet will be completed and faxed to the district staff. The original copy will be logged on a spreadsheet and maintained in a file at Central Office.

Subject: 2180 Home Health Reports**Policy Statement:**

Financial, Clinical and Management Reports are readily available to the Home Health Service program.

Rules:

1. The Program Administrator, Accounting Manager &/or designee will determine reports to be analyzed and frequency of report review.
2. Reports will no longer need to be maintained in "hard copy", since reporting capacity is continually available for historical review of data.
3. Appropriate staff will be cross-trained in how to access, review and print reports.
4. Clinical/Administrative/Supervisory staff or will periodically monitor reports that are most essential to daily operations and compliance issues. This continual monitoring process will serve to maintain integrity of data and ensure adherence to Encore Clinical View/Encore Financial View processes.

MANAGEMENT REPORTS

Useful to Program Administrator - Monitoring of Referrals, Referral Sources, Census, Patient Case-Mix, Payer Case-Mix, Productivity, Staffing Issues, Utilization Review, etc. Responsibilities for monitoring may be delegated or shared with Accounting, CQI, Team Leaders, Administrative Staff, Public Relations

Report Useful To:	Name of Report	Report Description
Administrator, Team Leader Admin. Staff Acct. Staff	Encore Financial View Report Service Register	Core report. Run often for many purposes. Provides details of services. Useful for Billing, Payroll, Travel, EOP, CQI, Productivity, etc.
Administrator, Team Leader	EFV Report Patient Census	Can use to monitor caseloads. Lists all patients in the database. Can select to view by status (active only, inactive only or both). Reveals patient's medical record number, payer, open disciplines.
Administrator	Encore Clinical View Report Unduplicated Census Count	Ability to get unduplicated Census count for CHAP, Annual Report, etc.
Administrator, CQI, Intake	EFV Report Admit/Readmit/Discharge Summary	Provides a view of caseloads. The "Summary Report" shows patients by payer, the number of carryovers, new admits, readmits and discharges within a specified period.

Administrator, Team Leaders	EFV Report Caregiver Caseload	Useful to examine/evaluate productivity. Can separate out &/or sort by various service/non-service types. Report is improved with new productivity standards, however, need to view data closely to ensure accuracy.
Administrator, Team Leaders	EFV Report Caregiver Productivity	Measures time or services provided against productivity standards. Includes all time involved with the service and support time (i.e. travel, charting, inservice, meetings, etc.)
Administrator, Acct. Staff	EFV Report Patient Service Statistical Summary	Helpful for cost reporting and comparing costs by payer.
Administrator, Public Relations	EFV Report Patients Served Report	Shows case-mix information for patients that received services within a defined period. Tracks trends/patterns. Information can be used for Budget Review and Annual Report.
Administrator,	ECV Report Agency Referral Statistics	Details total agency referrals by referral source. Can query for a date range. If all data is entered correctly - report will tally referrals by referral source, number of referrals by specific MD's, and number of referrals by payer.
Administrator	MY Eureka Ref Tot Src	Groups and totals referrals by date as well as referral source.
Administrator, Public Relations	EFV Report Service Statistic Report	Lists number of services by service type, referral source, race, gender, marital status, etc. Useful for tracking trends/patterns. Data useful for Annual Report.
CQI, Administrator, Public Relations	EFV Report Utilization Review Report	Shows patients that meet selected criteria – ICD9, Payer, SOC, D/C Date, D/C reason, etc. Data useful for Annual Report.
CQI, Administrator, Public Relations	My Eureka UR List (Utilization Report)	Provides patient's name, episode #, county, status of each discipline, referral dates, SOC date. Totals number of days from SOC to admit for each subsequent discipline & discharge date. Can use for Annual Report.
Administrator, Intake Staff	My Eureka Referral Source Report	Groups and totals by information by referral source. Shows patient name, episode #, site, status of referral, referral date and SOC date.

Administrator, Intake Staff	EFV Report Detail Referral Report	Can run either a “Detail” or “Summary” report. Reveals a list of all referrals (primary and secondary) for a specified time frame. The “Detail” report gives patient specific information (info for CHAP). Useful to examine timeliness of admissions and discipline referral information. Use for monthly admission log.
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ACCOUNTING REPORTS

Accounts Receivable, Billing, Cash Transactions/Adjustments, etc.

Report Useful To:	Name of Report	Report Description
Acct. Staff	EFV Report A/R Schedule Payer Summary	Summarizes totals by specific payer. Ability to view accounts that have an open A/R. Accounting staff will usually run a “Detail” report. The “Statistical” report gives all “posted” services (visits) for an accounting period. Note, cannot post unless the prior month is closed.
Acct. Staff	EFV Report A/R Patient Detail Report	Most detailed A/R report. One line per open row/open service.
Acct. Staff	EFV Report Patient Census	Accounting uses to monitor receipt of 174’s and patient discharges.
Acct. Staff	EFV Report Patients Not Seen	Accounting uses to be sure all discharges have been entered before billing.
Acct. Staff	EFV Report Cash & Adjustment Journal	Used for balancing A/R for an accounting period. Provides details of cash transactions for a specified period and summarizes totals per payer. Lists specifics of cash adjustments in the database.
Acct. Staff	EFV Report Cash Batch Report	Audit report of cash transactions that have entered into a batch.
Acct. Staff	EFV Report Pre-End of Period (EOP) Query Report	Run by designated staff several times during the month before billing and at EOP. Results forwarded to accounting for review and correction.

Acct. Staff	EFV Report Automatic Payer Change (APC)	Run by accounting before billing and at EOP to correct payer changes and pricing.
Admin. Staff, Acct. Staff	EFV Report Service Batch Summary	Batch summary information - Not line detail. Total of each batch and grand total for all batches in an accounting period.
Acct. Staff	EFV Report Service Edit Log	Used as an audit tool with EOP to track service adjustments/edits for services that have already been billed.
Acct. Staff	EFV Report Service Summary by Service Type	Lists total revenue for month and helps balance for billing. General ledger posting report.
Acct. Staff, Administrator	EFV Report Transfer Recap Report	Shows everything written off.
Acct. Staff	Snapshot Report PPS A/R Transaction Summary	Run for EOP at closing of month. Shows initial and final AR transaction for the accounting period.
Acct. Staff	Snapshot Report SIMS Report	Shows RAP's that are ready to generate AR and/or problem RAP's that need to be researched for correction.
Acct. Staff	Snapshot Report Failed Events Report	Utilize report when generating AR. Work finals that will not generate AR's.
Acct. Staff	Snapshot Report Therapy Exception Report	Helps with cleaning up MO825 errors that can be corrected.
Acct. Staff	Snapshot Report Case Analysis Report	Generally work this report 2-3 times per week depending on number of SCIC's that come through billing filter when generating AR. Helps to determine whether to bill or delete SCIC and review expected reimbursement.

BATCH, BILLING, ORDERS

Report Useful To:	Name of Report	Report Description
Admin. Staff, Acct. Staff	EFV Report Service Batch Balance	An audit report of services entered into the system or for all services in an accounting period. Can print report to assist with balancing a batch.
Admin. Staff, CQI, Courier	EFV Report Orders Tracking	<u>Very important report</u> to ensure that orders are processed in timely manner. Tracks 485's and verbal orders. Must evaluate 485's and verbal orders at various statuses to ensure timely receipt of orders (printed, mailed, signed). Very useful to hold bills when orders are outstanding.
Admin. Staff, CQI, Courier	My Eureka Orders Tracking	Staff can run this report to validate any status of orders (printed, mailed, signed). Reports shows patients name, medical record #, type of order (Cert485, Recert485, VO), date of order was created, date of status, the comments field and MD's name. Sorted alphabetically by patients name.
Billing, Supply Staff	EFV Report Service by Supply Listing	Details supplies billed. Can use for reordering supplies, track usage by patient or employee. QA supply charges at EOP. Can be used to send with 488 request of supplies by patient for a period.
Admin. Staff	EFV Report Verbal Orders	To print verbal order for MD signature for paper-based disciplines. These orders have to be keyed in by adm staff.

SYSTEM ADMINISTRATOR/TRAINER/CLINICAL SUPERVISOR

Report Useful To:	Name of Report	Report Description
System Admin.	ECV Report EFV/ECV Interface Audit	Reveals data that did not interface completely between ECV and EFV. Can either print the report or do a "print screen" of the specific interface in order to perform corrections.

System Admin., Clinical Supervisor	ECV Report Conflict Report	Describes any data that was lost due to a conflict in communication of laptops. Lists the specific data lost during communication, the winner and loser of data. Report helps to emphasize to staff the importance of following laptop communication process.
System Admin., Clinical Supervisor	ECV Report Laptop Communication	Provides data in regards to communication of laptops. Shows laptop numbers, date, time and type (nightly, demand, etc.) of communication from laptop to server. Can identify staff not adhering to laptop communication process.

INTAKE REPORTS

Most Useful to	Name of Report	Report Description
Intake Staff, Team Leader, Admin. Staff	EFV Report Pending Disposition	Shows episode or discipline where status is pending/intake status. Decision needs to be made or entered re: admitting or NUTC. NTUC's listed on this report along with the Intakes. The NUTC's will need to be removed- see ECV Process 4010 for instructions on this task.
Intake Staff, Team Leader, Admin. Staff	ECV Report Assessed Patients Not Admitted or NUTC	Shows patients that have at least one discipline referred yet no SOC. Do not want any patient name to show up on this report for more than a couple of days. In certain instances, the episode may need to be NUTC'd. Helps to ensure that patient's do not "fall through the cracks" &/or that we are NUTC'ing all episodes when the patient is not admitted. Same info can be viewed in QAM: Assignment Pending (discipline will still be at a "referred" status). Admin staff can monitor this report to ensure they received the appropriate paperwork (Admission Forms, NTUC Packet, D/C Instructions, etc.) from clinical staff.
Intake Staff Team Leaders	EFV Report Intake Status	Audit report to examine episode &/or disciplines referrals that have missing information.
Intake Staff	ECV Report Quick Entry Held Referrals	Shows referrals that have not been fully processed. Often find data that needs to be cleaned out due to user error. (clicking F9 by mistake).

AUTHORIZATIONS/MANAGED CARE

Report Useful To:	Name of Report	Report Description
Managed Care	EFV Report Authorization Status	For this report to be accurate, all authorizations must be kept up-to-date in NFV. This report reveals authorization statuses, number of visits/supplies authorized verses those that have been issued. Ability to query on 0% up through 75% alert levels of resources that have been provided. NOTE: The numbers displayed are only posted visits, so if you do not close the prior month until the 14 th then you can not post the current month visit 1 – 14 th and these numbers need to be taken out manually – added to # used.

CLINICAL SUPERVISION *(Team Leader, Clinical Supervisor, CQI, Program Manager) – in some districts, some of these reports analyzed by Administrative Staff. These reports are excellent resources to use during Team Meetings.*

Report Useful To:	Name of Report	Report Description
Team Leader, OASIS Entry	ECV Report OASIS SOC Alert Report	Reveals patients that are due SOC surveys. Provides date of window and name of case manager. Will reveal if survey is saved in process. This info cannot be accessed in QAM.
Team Leader, OASIS Entry	ECV Report OASIS Alert Report: Follow/Up Survey Due	Reveals patients that are coming due for Follow-up surveys. Provides dates of follow-up window and name of case manager. Same information can be accessed online in QAM: OASIS F/U Due.
Team Leader, OASIS Entry	ECV Report OASIS Resumption/Visit Due Report	Lists patients that had an OASIS Transfer completed but have not had any visits or surveys since their transfer to an inpatient facility. Any patients showing on this list should still be in the inpatient facility. If others are showing up on report, investigate.

Team Leader, OASIS Entry	ECV Report ECV Report OASIS Transfer Alert	Information will only be accurate in this report if the Facility Stay Info is completed accurately and timely. This report will reveal patients who are currently within the valid range for a Transfer Survey but have not had one completed.
Team Leader, OASIS Entry	ECV Report OASIS ROC Alert	Reveals patients that are due a survey as a result of a transfer to inpatient facility. Provides dates of ROC window and name of case manager. Note, the Transfer OASIS must have been completed before ECV will recognize a need for the ROC survey.
Team Leader, OASIS Entry	ECV Report OASIS Discharge Alert	Reveals names of patients that have had a SOC, ALL disciplines are now discharge BUT the D/C OASIS was not completed. Do not want any names on this report.
Team Leaders Admin. Staff	EFV Report Patients Due for Discharge	Shows patients who have no open disciplines. Patient's episode probably needs to be discharged. Patients can be on here that were a Medicare one-time visit where you do the SOC to do get the RAP but a discharge is not longer needed – now that we do not have the RFA option 2 and 10.
Team Leaders	EFV Report Patients Not Seen	Defaulted to 14-day interval (30 day for 1xmonth if set-up correctly). Fourteen day can be changed by discipline. Shows patients who have not had a visit for the defined period (14 or 30 days). Reports last visit done.
Team Leaders	ECV Report Assessment VO needed	Use to track which disciplines need to do assessment verbal orders because their orders did not catch up to the 485 that was sent out. This same info can be retrieved more readily in the QAM. Good practice to check this QAM daily.
Team Leaders	ECV Report HCFA Alert Report	Shows a list of patients that are past due and those that are soon to be due a HCFA (in the next 14 days) The expected date on this report is 14 days before the last day. It shows an entry for each discipline so you know who has not do the discipline recert pending work
Team Leaders Clinical Staff	ECV Report Patients on Hospital Hold	Only as good as the data put into it. Data is retrieved from the Referral Demographic area (last tab dealing with Facility Stay Information). In order for report to be accurate the CORRECT admission date to the hospital and correct D/C date from the hospital stay must be entered into the Facility Stay field. Correct completion of this information can assist everyone including the on-call personnel to know which patients are in the hospital. Prevents manual listing of data.

Team Leaders	ECV Report Patient's needing Transfer Summary	This report provides a list of the patients that were admitted to the hospital and the Facility Stay information was completed in Referral Demographics, however, the system does not recognize that a transfer form was completed. At times, the transfer form may have been completed, yet the dates were not the same. For example, the transfer form may list the hospitalization as beginning on the 12 th , but the information in Facility Stay (Referral Demographics) lists the hospital stay as starting on the 13 th . To the computer those are 2 different hospitalizations. The dates need to be corrected for this report to be accurate.
Team Leader	ECV Report HA Sup (with SN Daily Visit needed & HHA Sup Vist Needed	These reports can be perplexing. At times the patient's name can show up on this report even though a supervisory visit was completed. The parameters on this report relate back to the date of the last sn visit. Generally recommended that team leaders investigate any patients showing up on report with more than 14 days since last supervisory visit (go to Work with Patient) and make sure there is a supervisory form. The form may or may not be on file. This is not a perfect report but does help to track the supervisory visits. Note, patients that show up here may be in the hospital, consequently they would not have received a supervisory visit. .
Team Leaders Admin. Staff	EFV Report Service Pattern Alert	Multiple options/reports in one. Shows patient services keyed with unusual patterns (i.e. aide without SN, services without orders). Can query by discipline patients who have more than a defined number of visits/units.
Team Leaders Clinical Staff	ECV Report Active Patient Report	Provides a list of patients that the computer thinks each discipline is active with. Provides useful information for front-line staff to validate their active caseloads.
Team Leaders Clinical Staff	ECV Report Active Patient by Case Manager	Provides the names and phone numbers of patients assigned to a specific case manager. Can be useful to staff when making phone calls. Useful to Team Leaders to examine caseloads.
Team Leaders	ECV Report Admission Pending Assessment	Provides a list of patients that have been admitted to a discipline yet the patient has not been admitted or NTUCed. Useful to make sure that the disciplines are aware of the referrals and making visits promptly.

OASIS TRANSMISSION

Person that Transmits OASIS Surveys	ECV Report OASIS Data Transfer Audit - HCFA	Produces a printed representation of output files generated by the Oasis Data Transmission Report. D = detailed report and S + Summary Report. Summary lists the total number of each survey type that was transmitted. Detail does the summary, but also lists each survey in the file.
Invalid Oasis Survey – Date Conflicts	ECV Report Invalid OASIS Survey – Date Conflicts	This is a final edit check prior to file preparation. If a survey has conflicting date information that is not corrected, then the survey would be invalid for transmission and not accepted by the state.

Date of Approval: August 2004**Date of Revision:****August 2007**-Changed Novius to Encore

Subject: 2190 Accounts Receivable Management

Policy Statement: Appropriate Management of Home Health Accounts Receivable is an essential function of Regional Home Health Accounting offices. This policy will provide necessary guidance to Regions regarding requirements for reviewing, maintaining, correcting, and monitoring Accounts Receivable.

Standards:

DHEC Finance is responsible for posting all Accounts Receivable payments in Encore Financial View. Finance will provide Regions with a copy of all remittance information. Regional Accounting Staff is responsible for ensuring payments are posted correctly and following up on outstanding balances. The Accounts Receivable Schedule (patient detail option) should be monitored on a monthly basis.

Procedure:

- A. Medicare
Upon receipt of the Medicare Import Report from Finance, the Accounts Receivable (AR) should be checked for discrepancies between billed amounts and payment amounts. Any on-account payments should be investigated and applied to the appropriate claim line. Follow-up must be completed prior to the Medicare 15 to 27- month timely filing deadline. (See Medicare Training Manual for details.)
- B. Medicaid
The South Carolina Medicaid Cash Remittance Statement-Detail received from Finance should be reviewed upon receipt for error codes and denied services. Any on-account payments should be investigated and applied to the appropriate claim line. Follow-up should be completed prior to the Medicaid timely filing deadline (one year from date of service.)
- C. Private Pay (Insurance)
Upon receipt of the Explanation of Benefits (EOB) from Finance, review the EOB for proper payment and the AR for proper posting of payment. Any on-account payments should be investigated and applied to appropriate claim line(s.) Follow-up on outstanding amounts should be done on a monthly basis. Appeals of insurance denials must be prompt and meet payer timeframes. All denials for lack of precertification should be appealed. Denials for failure to meet timely filing may not be appealed. See Program Write-off policy (2131) for any uncollectible amounts.

D. Self-Pay

Upon receipt of payment information (i.e. copy of patient's check or money order) from Bureau of Finance, review for proper posting of payment.

Follow-up on outstanding balances should be done on a monthly basis.

See Program Collection Policy 2130 for required follow protocol and Write-off Policy 2131 for any uncollectible amounts. Any on-account payments should be investigated and applied to appropriate claim line(s.)

Date of Approval: August 2004

Date of Revision:

August 2007 Changed "district" to "region"
Changed Novius to Encore

Subject: 2200 Medicare Consolidated Billing**Policy Statement:**

The Home Health agency that submits the first Request for Anticipated Payment (RAP) or No-RAP LUPA claim successfully processed by Medicare will be recorded as the primary Home Health Agency (HHA) for a given episode. This primary agency is the only entity that can bill and receive payment for home health services and medical supplies during an episode for a patient under a home health plan of care.

Standards:

1. Under the final rule for Prospective Payment, all Home Health agencies are required to submit Medicare claims for specific services while the beneficiary is eligible for the home health benefit and under a home health plan of care established by a physician.
2. When services covered under home health consolidated billing are provided by other entities, the primary HHA and the entity should establish a contract for coordination of care and payment.
3. A HHA is not responsible for payment to the entity in the situation in which they have no prior knowledge of the services provided by an entity during a patient care episode; however, it is in the best interest of future business relationships to discuss the situation to resolve any misunderstanding and to avoid such situations in the future.
4. For additional guidance and clarification, contact the Nurse Consultant for Medicare services in DHEC Home Health Central Office.

Rules:

1. The primary HHA must submit all Medicare claims for home health services. Medicare payment for such services and supplies, with the exception of osteoporosis drugs and DME, are included in the PPS episodic rate. Services and supplies provided under arrangement with another entity should be included on the claim submitted to Medicare by the primary HHA.
2. The services and supplies must be provided by the primary HHA, directly or under arrangement.

NOTE: All routine and non-routine supplies, except DME, are the responsibility of the primary HHA even if the supplies are unrelated to the plan of care.

3. Home Health services subject to the HH PPS consolidated billing requirements are:
 - Part time or intermittent skilled nursing care
 - Part time or intermittent home health aide services
 - Physical Therapy
 - Speech-Language Pathology
 - Occupational Therapy

- Medical Social Services
 - Routine and Non-Routine Supplies (including Part B supplies that could have previously been unbundled and billed to Part B)
 - Part B Therapies that could have previously been unbundled and billed to Part B
 - Administration of covered osteoporosis drug
 - Medical services provided by an intern or resident in training where the HHA is affiliated with the teaching hospital
 - Home Health services provided under arrangement with other providers when they involve equipment too cumbersome to bring to the home or are furnished while the patient is at the facility to receive such services
4. The [CMS.gov](https://www.cms.gov) website provides access to home health consolidated billing master code list in an excel workbook file containing a complete list of all codes ever subject to consolidated billing provision of HH PPS.
5. Information concerning HHS PPS consolidated billing is found in Section 467.35 (Pub 11) of the Home Health Agency manual.

Subject **2210 Audits by Region Home Health Services Staff**

Policy Statement:

The Region Accounting Staff, County Administrative Staff, and Home Health Nursing Supervisors will conduct a quarterly review of clinical / financial records. A minimum of 10 records per audit, to include records representative of all payer superclasses and counties, should be reviewed. These reviews compare the clinical record with the financial record.

Rules:

The purpose of this policy is confirming the adherence to Federal, State, payer and program regulations and billing policy.

Procedure: A copy of the following clinical / financial review tool should be completed for each record selected for audit.

1. Identify patient, episode and payer on form.
2. Check Met, Not Met, or N/A (not applicable) when reviewing documentation.
3. Enter comments regarding audit findings, necessary corrective action or other comments.
4. Staff member completing the review signs and dates the audit form.
5. Follow region guidelines for handling audit results.

South Carolina Department of Health & Environmental Control
Division of Home Health Services Region Clinical/Financial Review
Region _____

County _____

Patient Name: _____

Patient Record #: _____

Episode Reviewed: _____

Payer: _____

FINANCIAL INFORMATION	Met	Not Met	N/A	Comments
A. Medicare approved signature and date on Admission Authorization and Consents Form				
B. Medicare discharge letter on file if required (only when MD does not approve of Discharge)				
C. Managed Care form on file for private insurance patients				
D. Authorization from VA/Other payer on file				
E. Benefits Notification Letter on file if private insurance				
F. Medicaid (ECF) Edit Correction form or corrected claim on rejected claims				

MEDICAL SUPPLIES	Met	Not Met	N/A	Comments
A. Supplies reported on discipline's clinical Note (ECV) as used by patient are properly charged and match to Service Register (EFV), 485, and Verbal orders.				
B. Physician's orders on file for supplies issued				
C. Payment received for supplies but supplies not used by clinical staff is corrected in system by coordination between accounting and office manager staff.				

CLINICAL RECORD	Met	Not Met	N/A	Comments
A. Copies of all billable and non-billable laptop (ECV) discipline visit notes on file				
B. Dates/number of chargeable visits recorded in clinical record correspond to those listed on the Service Register (EFV)				
1. Nursing				
2. Physical Therapy				
3. Home Health Aide				
4. Speech Therapy				
5. Occupational Therapy				
6. Nutrition				
7. Medical Social Work				
C. Agency Discharge on Service Register match OASIS M0903 with last billable visit				

CERTIFICATION/RECERTIFICATION	Met	Not Met	N/A	Comments
A. Start of Care date corresponds with 1 st Certification period				
B. Documentation of early or late episode in clinical intake or admission.				
C. Physician's orders on file for services rendered and include frequency and duration				
D. Clinical visits match frequency ordered for each discipline				

EFV	Met	Not Met	N/A	Comments
A. Is MSA/CBSA code correct?				
B. Are inpatient hospital stays completed with start and end dates?				
C. If accident, is trauma information completed?				
D. Does Payers and Coverage include:				
1. The correct payer, percentage and controlling payer?				
2. Correct beneficiary number if Medicare or Medicaid?				
3. Name and address of payer if Private Insurance Generic?				
4. Correct insurance ID # if Private Insurance?				
5. Name and address of Attorney if Attorney Generic?				
6. Are the service types correct for payer?				

BILLING / ACCOUNTS RECEIVABLE	Met	Not Met	N/A	Comments
A. Financial Billing Data Base (DHEC174) is completed with Interviewer/Reviewer signature				
B. Copies of Private Pay bills on file in chart				
C. Copies of Private Pay remittances on file in chart				
D. Episode claims in AR for all services/supplies				
E. Episode claims in AR for secondary pay source				
F. Payments, Write-downs and Transfers correct in AR				
G. Follow-up on overdue accounts has been documented				

Staff Member _____

Date _____

Date of Approval: August 2004**Date of Revision:** February 2005

Form - Financial Information

A. added

Billing/Accounts Receivable

A. added

Date of Revision: May 2006Changed code name from MSA to MSA/CBSA on Clinical/Financial Review tool
"EFV section"**Date of Revision:** August 2007

Changed Novius to Encore

Date of Revision: February 2008

Deleted Section F. in Financial Information

Added Section C. in Medical Supplies

Added Section B. in Certification/Recertification

**Subject: 2230 Medicare Additional Development Request (ADR)
Letters/Denials**

Policy Statement: DHEC Home Health Accounting Staff will process ADR's and denials in accordance with Medicare procedures and guidelines.

Standard:

ADR records must be copied, reviewed, and received by Medicare within 30 days of request date. If appeal of a denial is indicated, the appeal must be appealed within 120 days of the date of the remittance advice for the denied claim.

Procedure:

- A. Direct Data Entry (DDE) should be checked at a minimum weekly for notification by Medicare of ADR letters. ADR should be documented by date identified in DDE on an ADR/Denial Log. The Home Health Accounting Staff should maintain the ADR/Denial Log.
- B. County staff should be notified immediately of the need to copy the requested record. The appropriate OASIS, CMS 485, verbal orders, visit information, and an itemized supply list (signed and dated orders to cover supplies) should be copied. Only documentation for time periods covered by the ADR should be included. Be sure to attach a copy of the ADR letter with copied documentation. A clinical designee should review the copied documentation before records are forwarded to Medicare. If errors (i.e. OASIS keying) are found during review, notify the Accounting office so that a hardcopy Replacement claim or Cancellation claim may be prepared on a UB92 to be mailed with the documentation. Errors corrected in this manner are not charged against the District's error rate.
- C. Records must be returned within 30 days. (If records are not received within 45 days the claim will be fully DENIED.) Claims for which documentation has been requested will no longer return to the provider (RTP) when medical records are not received. Log the date the records are returned to Medicare on the ADR/Denial log.
- D. After submission of documentation to Medicare, payment status of the claim should be monitored in DDE and outcomes logged on the ADR/Denial log.
- E. If Medicare partially (by down code) or fully denies a claim, the denial should be reviewed by a clinical designee to determine if the denial is accepted or an appeal should be filed. Record the clinician's decision on the ADR/Denial log.

- F. If an appeal is to be filed, the clinical designee should review appeal documentation before sending to Medicare. Record all information about the appeal – date sent, outcome, etc. on the ADR/Denial log.
- G. See Medicare Training Manual for details of the appeal processes for denials.

Subject: 2250 Audits by Central Office Financial Consultants

Policy Statement:

The Home Health Services Clinical/Financial Record Review (DHEC 1655) form is utilized by Home Health Service Field Representatives (or other authorized Home Health Service Personnel) when conducting clinical/financial record reviews. These reviews compare the clinical record of service with the billing record. Adherence to Federal regulations and program billing policy is also measured. The DHEC 1655 provides a standard form for recording results of Home Health Services Clinical/Financial record audits.

Procedure:

1. Date: Enter the date of review.
2. Patient Number: Enter the county number with the patient number assigned by Encore.
3. SOC Date: Enter patient's date of admission to Home Health Services.
4. Payer: Enter patient's payment source(s) at time of review.
5. Patient Name: enter the name identified on the patient record.

I. FINANCIAL RECORD:

6. Check () whether met, not met or N/A (not applicable) when reviewing documentation requirements as identified in A-H.

II. MEDICAL SUPPLIES:

7. Check () whether met, not met or N/A (not applicable) when verifying that medical supplies provided and billed were certified by the patient's physician.

III. CLINICAL RECORD:

8. Check () whether met, not met or N/A (not applicable) when comparing visits documented in the clinical record with those reported and billed in the financial record. Indicate whether a carbonized copy of the Admission Authorizations and Consents form is on file.

IV. CERTIFICATION/RECERTIFICATION:

9. Check () whether met, not met, or N/A (not applicable) when verifying that services, and visit provided and billed were certified by the patient's physician.

V. ENCORE FINANCIAL VIEW (EFV):

10. Check () whether met, not met, or N/A (not applicable) when reviewing system for MSA/CBSA code, and private pay data.

VI. REPORTS:

11. Check () whether met, not met, or N/A (not applicable) when reviewing system reports.

VII. LOGS:

12. Check () whether met, not met, or N/A (not applicable) when reviewing Medicare logs.

VIII. CLINICAL DOMAIN: (to include OASIS/HHRG review on Medicare patients)

13. Check () whether met, not met or N/A (not applicable) in space provided by determining whether the elements of the completed OASIS are supported by clinical documentation.

Reference:

Succession Home Care March/April 2002, pg. 26-29 by Pat Sevast

Date of Approval: August 2004

Date of Revision: February 2005 – Procedures:

8. "Admissions Authorizations and Consent form" added
Form - Section A
Financial Review
A. added

Date of Revision: May 2006

- V. Encore Financial View
9. Code changed from MSA to MSA/CBSA

Date of Revision: August 2007

Changed Novius to Encore
Removed HHABN

Date of Revision: February 2008

Removed Clinical from title
Removed Section B (Clinical Review)
Deleted HHABN sentence from section III 8

South Carolina Department of Health & Environmental Control

Division of Home Health Services Clinical/Financial Review

Date: _____

Payer: _____

Patient Record #: _____

Patient Name: _____

SOC Date: _____

I. FINANCIAL RECORD	Met	Not Met	N/A	Comments
A. Medicare approved signature and date on Admission Authorizations and Consents Form				
B. Managed Care form on file for private insurance patients				
C. Authorization from VA/Other payer on file				
D. Benefits Notification Letter on file if private insurance				
F. Medicaid (ECF) Edit Correction form or corrected claim on rejected claims				
G. Financial Billing Data Base (DHEC 174) is completed with Interviewer/Reviewer signature				

II. MEDICAL SUPPLIES	Met	Not Met	N/A	Comments
A. Supplies reported on discipline's clinical Note (ECV) as used by patient are properly charged and match to Service Register (EFV), 485, and verbal orders.				
B. Physician's orders on file for supplies issued				
C. Payment received for supplies but supplies not used by clinical staff is corrected in system by coordination between accounting and office manager staff.				

III. CLINICAL RECORD	Met	Not Met	N/A	Comments
A. Copies of all billable and non-billable laptop (ECV) discipline visit notes on file				
B. Dates/number of chargeable visits recorded in clinical record correspond to those listed on the Service Register <ol style="list-style-type: none"> 1. Nursing 2. Physical Therapy 3. Home Health Aide 4. Speech Therapy 5. Occupational Therapy 6. Nutrition 7. Medical Social Work 				
C. Agency Discharge visit on Service Register match OASIS M0903 with last billable visit				

IV. CERTIFICATION/RECERTIFICATION	Met	Not Met	N/A	Comments
A. Start of Care date corresponds with 1 st Certification period				
B. Documentation of early or late episode in Clinical intake on admission.				

C. Physician's orders (Treatment Plan) on file for services rendered and include frequency and duration				
D. Clinical visits match frequency ordered for each discipline				

V. EFV	Met	Not Met	N/A	Comments
A. Is MSA/CBSA code correct?				
B. Are inpatient hospital stays completed with start and end dates?				
C. If accident, is trauma information completed?				
D. Does Payers and Coverage include:				
1. The correct payer, percentage and controlling payer?				
2. Correct beneficiary number if Medicare or Medicaid?				
3. Name and address of payer if Private Insurance Generic?				
4. Correct insurance ID # if Private Insurance?				
5. Name and address of Attorney if Attorney Generic?				
6. Are the service types correct for payer?				

VI. Reports	Met	Not Met	N/A	Comments
A. Is Patient Not Seen Report run at least monthly?				
1. Is there a process for correction?				
2. Is there coordination between clinical administration and accounting?				
B. Is Pre EOP Query Report/Corrections run at least monthly?				
C. Are Therapy and Timing Analysis Report done at least monthly?				
1. Is there a process in county for corrections?				
2. Is there coordination with accounting?				
D. Failed Events Report done at least monthly?				
1. Is there a process in county for correction?				
2. Is there coordination with accounting?				
E. SIM Report (old rap check) done at least monthly in both business units?				
1. Is there a process in county for correction?				
2. Is there coordination with accounting?				
F. Is EOP Balancing process done monthly in both business units?				
G. Is AR current per AR report?				

VII. Logs	Met	Not Met	N/A	Comments
A. ADR Log up to date				

COMMENTS:

Signature of DHEC Staff

DHEC 1655

Subject: 2260 Financial References/Glossary/Acronyms

References:

A. Medicaid Home Health Agency Manual

This manual can be obtained from:

Department of Health and Human Services
Post Office Box 8206
Columbia, SC 29202-8206.

Website Address: <http://www.dhhs.state.sc.us>

B. Medicare Home Health Agency Manual (PUB11)

Website Address: <http://www.cms.hhs.gov>

C. DDE - Direct Data Entry Manual

Website Address: <http://www.palmettogba.com>

D. Medicare Home Health Services Training Manual

Website Address: <http://www.palmettogba.com>

Glossary:

Bad Debt – The amount of unpaid / uncollectable charges billed for services provided to a beneficiary

Benefit Determination - Determining services provided to a patient are covered by the patient's insurer(s)

Clean Claim – A claim submitted to a payer for services rendered that meets the guidelines and contains the required information necessary for the claim to be paid

Coinsurance – A cost-sharing provision found in most health insurance policies which requires that the insured assume a percentage of the fee or pay a specific dollar amount for covered services

Deductible – The initial amount payable by the subscriber or beneficiary for services provided

Downcode - Type of denial used by Medicare when the documentation submitted on a claim does not support the HIPPS code billed. Claims are reimbursed at a lesser amount

Dual Eligible – Eligibility for both Medicare and Medicaid coverage

Episode

Billing Episode – A 60-day unit of payment for HPPPS

Patient Care – Admission date to Discharge date

Fraud – Knowing and intentional deception or misrepresentation that could result in unauthorized benefits to the deceiver or some other person

Grouper – A software module that “groups” information for payment classification; for HH PPS, data from the OASIS assessment tool is grouped to form HHRGs and output HIPPS codes

HIPPS – Health Insurance Prospective Payment System. Procedural coding used in FL 44 of the Form HCFA-1450 (UB-04) in association with home health prospective payment systems

HIQA - Health Insurance Query Access. An on-line inquiry that gives Medicare providers direct access to the CMS Common Working File host database. Providers can query a Beneficiary's Master Record for Medicare entitlement, health maintenance organization information and other payer information

HIQH – Health Insurance Query for Home Health Agencies. An on-line query providing information on PPS episodes for specific Medicare beneficiaries for HHAs and hospices. This system is based on batch claim data available in the Common Working File, a component of Medicare claims processing systems, available to providers via their RHHIs

Home Health Aide Service – Assist patients toward independent living; duties involve personal care and are under the supervision of a registered nurse or therapist

Home Health Care – Health care prescribed by a physician and provided to persons in their own homes

Indigent – Patients without a third party insurer and without financial resources to pay for services

Interim Rate – Rate reimbursed for services until final settlement of the cost report

Line Item – Service or item-specific detail of claim

LUPA – Low Utilization Payment Adjustment. An episode of 4 or less visits paid by national standardized per visit rates instead of HHRGs

Medicaid – Federal-State medical assistance program which allows each state, within certain limits, to define the extent of health care benefits to be provided to the medically and/or financially needy

Medical Social Work Service – Includes assessment of the social and emotional factors affecting the patient's capacity to cope with problems of daily living; helping the patient and family to understand, accept and follow recommendations; and providing services to restore the patient to optimal social and health adjustment

Medicare – Public Law 89-97, which provides hospitals and physician benefits for eligible persons (age 65 or older, permanently disabled after 24 consecutive months of disability, or those with chronic renal disease who require hemodialysis or kidney transplant after three month waiting period). Medicare Part A provides hospital benefits; Medicare Part B provides benefits for professional services

No-RAP LUPAs – A billing scenario in which only a final claim, not a RAP, is submitted for an episode

Nutrition Service - Includes counseling patients in normal and modified diets in order to enable each family to select and prepare the foods essential to the patient's health and well-being

Occupational Therapy Service – Includes evaluation of functional ability and guiding the patient, creative and self-care activities for the purpose of improving his ability to take care of himself and to do useful work

Outlier – Payment addition to a full episode payment in cases where costs of services delivered are estimated to exceed a fixed loss threshold

Patient Status Code – Form Locator 22 of the Form HCFA-1450 (UB-92). Describes the patient status at home health discharge/end of period

PEP – A reduced episode payment that may be made based on the number of service days in an episode (always less than 60-days, employed in cases of beneficiary-elected transfer or agency discharges with readmission during the 60-day benefit)

Physical Therapy Service – Includes muscle, joint, and functional ability evaluation, physical therapy treatment, such as exercise, muscle re-education, gait and functional training, brace and prosthetic training, designed to develop or restore function and maintain optimal performance

Preauthorization – Obtaining authorization from an insurer to provide services to a beneficiary before services are provided

Pricer – Software modules in Medicare claims processing systems, specific to certain benefits, used in pricing claims, most often under prospective payment systems

Provider – An individual or organization that provides a health care service

RAP – Request for Anticipated Payment. First of two “bookends” at opening and closing of PPS episode to receive one of two split percentage payments

Rejected Claim – A claim that requires investigation and needs further clarification to be paid

Responsible Party – The patient or other person designated to act on behalf of the patient or beneficiary

SCIC – (Pronounced “sick”) Significant Change in Condition. When changes in patient condition dictate, a single episode may be paid under multiple HHRGs, the amount for each is

HHRG is pro-rated for the number of service days delivered under that HHRG. All pro-rated amounts are added for the final episode payment

Skilled Nursing Service – Includes assessment of the needs of the patient, preventive, supportive and rehabilitative nursing procedures, teaching, supervision and counseling of patient and family members

Sliding Fee Scale – Income table used to determine percentage of charges billed to self-pay patients

Source of Admission Code – Located on Form Locator 20 of the Form HCFA-1450 (UB-92). Disposition of the patient immediately prior to the home health start of care

Speech Therapy Service – includes evaluation of speech, hearing or language disorders and provides rehabilitative services for such disorders, instructing other health team personnel and family members in methods of assisting the patient to improve and correct speech, hearing and language disabilities

UB-04 – A universal billing form developed by the American Hospital Association and representative of the insurance industry to simplify and standardize billing and collection of health care data. Also known as the CMS-1450. The claim or bill form, in either paper or electronic version, used by most institutional health care providers to bill Medicare and other payers

CMS 1500 - The claim form, in either paper or electronic version used by most non-institutional health care providers and suppliers to bill SC Medicaid and other payers

Financial Acronyms:

AR	Accounts Receivable
CBSA	Core Based Statistical Area
CFS	Confidential Financial Statement
CHAMPVA	Civilian Health and Medical Program of the Veterans Administration
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CWF	Common Working File
DDE	Direct Data Entry
DEERS	Defense Enrollment Eligibility Reporting System
DHHS	Department of Health and Human Services
DME	Durable Medical Equipment

EGHP	Employer Group Health Plan
EIN	Employer Identification Number
EOB	Explanation of Benefits
ESRD	End-Stage Renal Disease
FC	Final Claim
FFS	Fee For Service
FI	Fiscal Intermediary
FSS	Florida Shared System or Family Support Services
FYE	Fiscal Year End
GAN	General Approval Number
HCPCS	Health Care Procedure Coding System
HHA	Home Health Agency or Home Health Aide
HHRG	Home Health Resource Group
HH PPS	Home Health Prospective Payment System
HHRG	Home Health Resource Grouper
HIC	Health Insurance Card
HICN	Health Insurance Card Number
HIPAA	Health Insurance Portability and Accountability Act
HIPPS	Health Insurance Prospective Payment System
HIQA	Health Insurance Query Access
HIQH	Health Insurance Query for Home Health Agencies
HMO	Health Maintenance Organization
LPN	Licensed Practical Nurse
LUPA	Low Utilization Payment Adjustment
MID#	Medicaid Identification Number

MSA	Metropolitan Statistical Areas
MSP	Medicare Secondary Payer
MSW	Medical Social Worker
NAHC	National Association for Home Care
NPI	National Provider Identifier
OASIS	Outcome Assessment Information Set
OT	Occupational Therapy
PEP	Partial Episode Payment or Physician Enhanced Program
PPS	Prospective Payment System
PS & R	Provider Statistical & Reimbursement Report
PT	Physical Therapy
RAP	Request for Anticipated Payment
RHHI	Regional Home Health Intermediary
RN	Registered Nurse
RD	Registered Dietician
SCHCA	South Carolina Home Care Association
SCIC	Significant Change in Condition
SSA	Social Security Administration
ST	Speech Therapy
TOB	Type of Bill
VA	Veterans Administration

Date of November 2007

Updates to definitions and acronym list

Subject: **2270** Diabetes Education Policy

Policy Statement :

To define the mechanism for billing and tracking costs associated with the provision of ADA recognized diabetes education to clients. Such education involves an individual assessment and follow up group or individual classes. Regions must meet established DHEC DSME (Diabetes Self Management Education) standards and enroll as diabetes education providers with SC DHHS (Department of Health and Human Services) if they wish to provide Diabetes Education Self Management Training to Medicaid clients. In order to bill Medicare for DSME, Districts must meet the DHEC DSME standards and be ADA recognized or be in the 6 months ADA data collection period.

Regulations:

Medicare Benefit Policy Manual - Chapter 15 Covered Medical and Other Health Services

Web address: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>

Rules:

- 1) The qualifying criteria for patient inclusion in diabetes education group classes follows the ADA guidelines and is referenced in the SC DHEC Diabetes Education Program Plan.
- 2) The number of units of service provided to patients will follow Medicare limits as outlined in the SC DHEC Diabetes Education Program Plan.
- 3) Client demographic information, insurance coverage (including Medigap policies,) and income must be collected on the DHEC 114/788 prior to the provision of services. Patients should be informed of their anticipated out of pocket expense for diabetes education using the patient bill of rights (DHEC 3775) and a letter informing them of their expected financial obligation. NOTE: Regions will need to obtain prior authorization from the payers prior to the provision of services for clients who are members of HMOs, PCCMs and most insurance companies.
- 4) Private insurance requests for rate negotiations will be referred to Home Health Central Office staff that will use the DHEC home health Managed Care Benefits Information and Authorization Information Worksheet to document the negotiated rate. Copies of rate negotiations will be forwarded to the Regional Managed Care Coordinator and then to the Regional billing staff.

5) All patients must be charged the established charge (\$70 per hour of individual assessment and \$40 per hour for group education) for diabetes education services, regardless of payer. Self-Pay patients should be rate scaled using the Home Health rate scale. After all appropriate insurance payments have been applied and applicable write-offs processed, the balance due will be transferred to Self Pay 100% and billed to the patient.

NOTE: If a patient has insurance coverage but it does not cover DSME or if benefits have been exhausted the patient should be treated as a Self Pay client and rate scaled.

NOTE: DHHS has advised that DSME claims for dual eligibles will not automatically cross over. Thus any Medicare co-payments and/or deductibles for dual eligible clients should be transferred to Medicaid and billed as Medicaid secondary claims. DHHS will only pay up to the Medicaid allowable amount.

6) Audits of diabetes education service and billing will be conducted in accordance with the diabetes education audit policy.

7) COST EVALUATION:

In order to track costs associated with the provision of Diabetes Education:

- All services, including services to Self Pay 0% patients, should be entered in the Non Certified Business Unit of the Encore Financial System.
- Services and associated activities should be PCASed to the appropriate PCAS codes:
Program Code: 142, 019 (Consultation), 021 (Administration) 050 (Direct Services)
- Expenditures and Receipts for diabetes education should use the following Fund/Expense Codes: 534756 - Medicare Patient Fees Diabetes Education, 534731 - Medicaid Patient Fees Diabetes Education, 534720 - Private Pay Diabetes Education.) Analytical/AIMS activity code segment 5 is 3142001

Procedure:

1) Billing for patients participating in diabetes education will be accomplished through patient intake, service entry, and billing in the Non Certified Business Unit of the Encore system.

2) Upon referral, patients will be entered into the Non Certified Business Unit of Encore Clinical with the appropriate payer selection through Encore Clinical.

3) Service entry will be done in the Non Certified Business Unit of Encore Financial using the appropriate service types per the Home Health Process Manual, Process #12010.

4) All billing must be completed in a time frame acceptable to the payer. Primary claims for Medicaid will be forwarded via EDI. Secondary claims can be keyed via the Medicaid Web-based Claims Submission Tool. Private insurance will be billed on a HCFA1500 and mailed manually or, in the case of Blue Cross/Blue Shield (Companion), entered into a web-based claims entry system. Medicare billing will be accomplished by keying the claim into DDE.

NOTE: Still looking into an electronic billing method for Medicare that Delta should develop.

Date of Approval: May 2006

Date of Revision: August 2007
Changed Novius to Encore
Updated Rule 3-755 to 788

Subject: **2308** Best Chance Network Case Management Services-Billing and Reporting

Policy Statement: Best Chance Network (BCN) Case Management Services are provided to eligible females, ages 47 to 65, who are in need of re-screening service for breast and cervical cancer due to abnormal test results or a diagnosis of cancer from an initial screening.

Rules: Case management services provided by Home Health Staff are reimbursed by BCN. Billing and reporting procedures are established for accountability.

Procedure:

1. Client Services

- a. The Region receives the BCN referral.
- b. The Intake/Episode process is completed through the Encore Clinical View System (ECV). The episode is entered into the non-certified business unit.
- c. Services are entered through statistical information in ECV. The valid service types for BCN are 201-MSW Evaluation, 202-MSW Routine, 227-MSW Best Chance Office (includes phone calls), 717-PHA Best Chance services provided in the office, 256-MSW Refuse Care, 253-MSW Not Home, and 257-MSW Supervision.
- d. Accounting staff will bill and print a completed HCFA-1500 invoice and send it to Home Health Services Central Office Attn: BCN Program Coordinator by the 16th of the month following the service month.
- e. Home Health Services Central Office collects region invoices; prepares a "Request for Payment Form"; and sends this information to Best Chance Network (BCN) to the Breast and Cervical Cancer Early Detection Program (BCCEDP) Quality Assurance Coordinator by the 20th of the month.
- f. The Best Chance Quality Assurance Coordinator sends the Request for Payment Form and HCFA to Health Services Administration (HSA) to process for reimbursement. HSA reviews the batch by checking for duplicates and keys it in the spreadsheet for tracking purposes.
- g. HSA processes the "Request for Payment" and releases the payment in AIMS, by applying payment against BCN Case Services funds

(300.308020.39328/5011000) and forwards to the Bureau of Finance for processing.

- h. HSA sends the batch to the Bureau of Finance, Accounts Payables, for processing. A State of South Carolina Interdepartmental Transfer (IDT) Stars Form 140 is created and a general receipt is processed by Finance for the batch. The payment is then credited to the correct Region Encore system client's account.

II. Provider Services

- a. For tracking and billing contacts with a provider, use the "Invoice For Service" (DHEC 162) Form. Complete "Department #" and "Class" as appropriate. Specify the number of hours under "Quantity" and the type of service under "Description of Services." Enter the per hour rate under "Unit Price" and the "Amount." Contacts with all providers for a calendar month are entered on one form. If there is more than one contact, enter the "Total" at the bottom of the form.
- b. At the end of month, the form is given to the region accounting office to complete.
- c. Region accounting sends the completed form to the BCN Program Coordinator by the 16th of the month following the service month.
- d. Home Health Services Central Office collects region invoices; prepares a "Request for Payment Form"; and submits to Best Chance Network (BCN) to Breast and Cervical Cancer Early Detection Program (BCCEDP) Quality Assurance Coordinator by the 20th of each month.
- e. Best Chance Quality Assurance Coordinator sends the request for payment form and HCFA's to HSA for processing reimbursement. HSA reviews the batch by checking for duplicates and keys in database for tracking purposes to generate reports.
- f. HSA processes the "Request for Payment" and releases the payment in AIMS by applying payment against BCN Case Services funds (300.308020.39328/5011000) and forwards to the Bureau of Finance for processing.
- g. HSA sends the batch to the Bureau of Finance, Accounts Payables, for processing. An IDT is created and a general receipt is processed by Finance for the batch. The payment is then credited to the client's account.

Date of Approval: November 2003
Date of Revision: May 2006
Changed "district" to "region"
Date of Revision: August 2007
Changed Novius to Encore
Added "includes phone calls"

HOME HEALTH SERVICES
POLICY AND PROCEDURE
PATIENT CARE
SECTION 3000

Last Revision:

3010	Acceptance of Patients for Home Health Services	August 2008
3020	Priorities for Provision of Home Health Services	August 2008
3030	Patient Case Management	May 2008
3040	Patient Nursing Assessment	August 2008
3050	Physician Verbal Orders	February 2008
3051	Missed Patient Visits	August 2008
3060	Patient Coordination Conferences	August 2007
3070	Patient Plan of Treatment	May 2007
3071	Visit Frequency Orders	August 2008
3080	Physician Certification/Recertification of Medical Necessity for Home Health Services	May 2002
3081	Periodic Review of the Plan of Care	August 2008
3085	Inpatient Facility Transfer	August 2008
3090	Patient Summary Reports	May 2006
3100	On-call and Unscheduled Visits A. On-Call Log Sheet B. On-Call Crisis Intervention Sheet	August 2008
3110	Designation of Patient's Physician(s)	August 2007
3120	Home Health Aide Visit Protocol	August 2008

3120N	Home care Aide Visit Protocol for Non-Certified Patients	August 2008
3130	Home Health Aide Supervisory Visits for Certified Business Units	November 2007
3130N	Home Care Aide Supervisory Visits for Non-Certified Business Units	Feb. 2007
3135	Home Health Advance Beneficiary Notice	August 2008
3136	Notice of Medicare Provider Non-Coverage	August 2008
3140	Discharge Planning	August 2008
3150	Patient Transfer	August 2008
3160	Termination of Services	August 2008
3180	Patient Death	February 2008
3190	Two Home Health Agencies Serving One Patient	August 2008
3200	Acceptance of Patients with End State Renal Disease	August 2008
3210	Home Health Patient Bill of Rights	August 2008
3220	Patient Self-Determination	August 2008
3221	Do Not Resuscitate Orders	August 2008

Subject: 3010 Acceptance of Patients for Home Health Services**Policy Statement:**

Acceptance of patients who request or are referred for home health services is not based on race, sex, creed, national origin or religion. Clients are admitted based on the reasonable expectation that their medical, health and social needs can be met in their place of residence within a reasonable timeframe. In addition, a decision to admit is based on whether the agency has the clinical/ financial resources and expertise to enable these outcomes to be achieved in the home setting. The decision to admit will be made only after a comprehensive patient evaluation visit has been performed on appropriate referrals.

Regulations: Conditions of Participation 484.18, G156, G157
 CFR 484.55; G330,
 CFR 484.55(a); G331, G332, G333
 CFR 484.55(b); G336
 CHAP HHII5.c

Procedure:**Intake**

1. Referrals for home health care will be documented in Encore Clinical View Intake as soon as the referral is called to the region or county.
2. Prior to the initial visit, administrative staff will validate payment information using the DHEC 174.
 - a) Medicare information will be validated in DDE to determine:
 1. Medicare eligibility,
 2. accuracy of Medicare ID number,
 3. spelling of name,
 4. effective dates,
 5. whether the patient is under a Medicare HMO,
 6. whether the patient has been served by DHEC HHS or another home health agency within the past 60 days. (Refer to HHS 2110 Automatic Billing Procedures if this occurs).
 7. and whether Medicare should be the primary payer or secondary payer.
 - b) Medicaid information will be validated in the Medicaid Web-based tool to determine:
 1. Medicaid eligibility,
 2. accuracy of Medicaid ID number,
 3. spelling of name,
 4. whether patient is under a Medicaid waiver or Medicaid HMO,
 5. effective dates,
 6. and whether Medicaid should be the primary or secondary payer.
 - c) If the patient is covered by private insurance, all questions on the DHEC 174 will be answered prior to the initial clinical assessment.

- d) When it is impossible for payment information to be gathered and validated by administrative staff prior to the first visit (ex: after office hours), administrative staff will assume this responsibility as soon as possible on the next business day.
- e) Staff will inform the referral source that a decision to admit can only be determined after an evaluation visit has been made, and that they will be contacted soon after the evaluation visit to review our findings and decisions.

Initial Evaluation Visit

- 1. A registered nurse will make the initial evaluation visit within 48 hours from the date the referral is received unless other arrangements are made with the patient or the physician.
- 2. In circumstances where the physician orders therapy only, it is acceptable for the appropriate therapist to perform the initial evaluation visit. (HCFA Transmittal Notice 135-93). The initial visit made by the therapist will also be made within 48 hours from the date the referral is received unless the patient requests a different day or the physician orders the visit be a specific date.
- 3. The staff member making the initial evaluation visit will complete the Discipline Assessment Activity in Encore Clinical and appropriate items listed in Policy 3030 for initial evaluation visit.

Decision to Admit

The Home Health Services team leader will review the patient data submitted by the nurse or therapist making the initial evaluation visit including the OASIS (if OASIS is required by payer), Physician's Orders and the Admission Summary to assess the referral for appropriateness of admission to home health services based on the following criteria:

- a) The patient is homebound in accordance with the requirements of payer. (Medicare and Medicaid require the patient to be homebound, however, other payers may not).
- b) The patient is under the care of a physician and the physician agrees to provide the necessary authorization for care.
- c) The patient requires part time or intermittent skilled nursing, physical therapy, speech therapy, and/or occupational therapy. (Patients requiring non-intermittent care will be evaluated on a case-by-case basis and may be considered for admission as a non-certified patient depending on resources available in the site.)
- d) A reasonable expectation exists that the patient's medical, nursing, therapeutic (rehab and/or dietary) and social needs can be adequately and safely met by the home health services staff in the patient's place of residence.
- e) The agency has clinical/financial resources such as staff, medical supplies and/or equipment available to adequately manage the patient in the home setting.
- c) The patient is able to learn self-care and/or can participate in their care or there are family members or substitute family members available to

participate in the care on each visit as appropriate.
Specific patient care activities should be demonstrated by the patient / family member / substitute family member to home health staff as appropriate.

- d) The payer agrees that services are needed and provides the necessary authorization for services.

Admission Procedure

If the decision is made to admit the patient for services, the case manager does the following:

- a) Notifies the patient/family of the plan/schedule for visits.
- b) Establishes the plan of care based on the diagnosis and reason(s) requiring home health intervention.
- c) Notifies all disciplines to be involved in the care of the patient as soon as possible, but no later than 48 hours after the initial evaluation visit to the agency.

When PT is not the admitting discipline, the Physical Therapist (PT) will make a PT evaluation visit within 48-72 hours of the physician's order for post-surgical patients. For all other PT referrals, the PT must visit within 7 days of the Physician's order for the service. If the PT is the admitting discipline, the patient must be seen within 48 hours of the referral to the agency.

Home Health Aide (HHA) services will be initiated within 24 to 48 hours of the date of the MD order.

All other disciplines must visit within 7 days of the physician's order for home health service.

- d) Schedules the patient to be discussed in the next team meeting. In situations when it is necessary for the team to discuss care prior to the next scheduled multidisciplinary team meeting, the case manager should request a special case conference with the team/unit manager.
- e) Communicates the laptop after the admission visit is made and initiates the paper record via the clinical record format (Admin Policy 4020).

Decision Made Not to Admit

If the decision is made not to admit the patient, the team leader/case manager or the staff person making the evaluation visit will:

- a) Notify the patient/family and physician of the decision and the reason.
- b) Summarize the evaluation visit. The reason not admitted should be clearly stated and linked to one or more of the criteria listed in Section 3 of this policy. Send a copy to the referring physician or referral source as appropriate.

Cultural and Language Barrier Issues:

In situations where there is an apparent cultural or language barrier involving either the patient or family/caregiver, refer to DHEC Admin Policy Manual in Commissioner's Office – Policy #A.402.

Date of Approval: November 2003

Date of Revision: December 2004

Procedures

1b(1)-(4).Revised

4 re-lettered, old a. and d. deleted

Date of Revision: May 2006

policy statement reworded to match CHAP

“financial” added to policy statement and 3e

Date of Revision: August 2008

Editorial and format changes

Novius changed to Encore

Subject: 3020 Priorities for Provision of Home Health Services

Policy Statement:

Provision of home health services is based on a reasonable expectation that the patient's health care needs can adequately be met by Home Health Staff in the patient's place of residence. During any period when the availability of home health care workers is limited and the demand for services cannot be met adequately, decisions will be made to allow for the most effective and efficient use of limited resources.

Regulations: Conditions of Participation 484.18, G157, CHAP Home Health Standard: HHII.3a

Procedure:

1. Priority for provision of nursing services:
 - a. Life sustaining procedures:
 - (1) Management of mechanical ventilator.
 - (2) Management of tracheostomy.
 - (3) Management of oxygen therapy.
 - (4) Management of intravenous lines.
 - (5) Management of medication administration.
 - (6) Management of feeding tube.
 - b. Critical procedures:
 - (1) Management of wound care.
 - (2) Management of drainage tubes.
 - (3) Management of skeletal traction/casting.
 - c. Rehabilitative procedures
2. Priorities for the provision of services other than nursing services:
 - a. When the caseload prohibits or limits follow-up by the therapist, the registered nurse may supplement the services of the therapist within the scope of nursing. Where this

is the case, it is essential that the therapist's plan be detailed with very specific instructions for the registered nurse to follow.

b. Priorities for the provision of medical social work services (MSS) shall include:

- (1) Situations in which the patient is dangerous to self or others.
- (2) Protective services.
- (3) Crisis intervention.
- (4) New referrals to social work.

c. Priorities for the provision of physical therapy (PT) services shall include:

- (1) Patients in which physical therapy is the only service or the primary service ordered.
- (2) Post surgical orthopedic patients.
- (3) Patients of any age discharged from the hospital requiring immediate initiation or continuity of a therapy regimen. Examples: orthopedic surgeries or burn patients at risk of losing range of motion.
- (4) Patients with acute neurological or musculoskeletal diagnoses.
- (5) Patients who have received no previous therapy for an indicating condition or whose caregivers have received no previous instructions in management.
- (6) Patients who show significant rehabilitation potential and lack independence in Activities of Daily Living (ADL's).

d. Priorities for the provision of speech pathology (ST) services shall include:

- (1) Patients of any age with significant communication disorders who demonstrate the rehabilitation potential to attain a functional communication system (verbal or non-verbal).
- (2) Patients with recent laryngectomies.
- (3) Patients who demonstrate degenerative communication disorders.
- (4) Patients who demonstrate swallowing disorders or patients who have coughing spells that interfere with Activities of Daily Living (ADL).

- e. Priorities for the provision of occupational therapy (OT) services shall include:
 - (1) Patients of any age discharged from the hospital requiring immediate initiation or continuity of a therapy regimen. Examples: orthopedic surgeries or burn patients at risk of losing range of motion.
 - (2) Patients requiring splints with acute deficits including new hand injury and new burn injury.
 - (3) Patient with a new neurological or orthopedic diagnosis and spinal cord injured patients requiring immediate patient/family education.
 - (4) Patients who show significant rehabilitation potential and lack independence in Activities of Daily Living (ADL's).
- f. Priorities for the provision of services provided by a registered dietitian (RD) shall include:
 - (1) Patients with diagnosis of malnutrition/dehydration.
 - (2) Patients on tube feedings.
 - (3) Patients that need to manage their diets in order to control their medical conditions.
- 3. In case of an emergency or hazardous weather, priorities as listed above will be followed and coordination with local officials for transportation or safety will take place as needed.

Date of Revision: August 2008
Personal care procedures deleted from Procedure 1
PT/OT sections with minor editing for clarity

Subject: 3030 Patient Case Management

Policy Statement:

Home Health Services workers provide patient case management according to home health services policies and procedures to ensure efficient and effective clinical services. Effective case management requires the coordination of patient care toward a common goal and consists of assessment, planning, coordination, advocacy and the assurance of continuous access to quality care.

Regulation: Conditions of Participation 484.18(a), G160, G161
CFR 484.18(b); G164
CHAP HH1.5b1 / HHII.5c4

Procedure:

1. Prior to the initial home visit:

Patients are accepted for admission to home health services according to Policy and Procedure 3010: Acceptance of Patients for Home Health Services. Prior to the initial visit, the home health services worker:

- a. obtains the physician's verbal/written orders for start of care to home health services, and
- b. validates payment information that has already been entered into Encore Clinical View (ECV),

2. Initial visit:

The home health services worker who makes the initial home health services visit:

- a. calls the patient/family prior to the home visit,
- b. identifies self as the home health services worker (appropriate discipline title) to the patient and patient's family upon arrival at the patient's home,
- c. explains the home health visit procedure; and the Home Health Patient Bill of Rights and Advance Directives per Policy and Procedure 3210,
- d. answers patient and patient family's questions and concerns relative to home health care,
- e. begins assessment of the patient, patient's family and home environment including OASIS data items as required by CMS.

OASIS Assessments are required on all patients who receive skilled services except those who are: under age 18, receiving maternity services, or those for whom Medicare or Medicaid insurance (traditional or HMO) is not billed. OASIS data should be collected on patients where Medicare or Medicaid is (or could be) a secondary payer.

Agencies may collect for their own use OASIS (Outcome Assessment Information Set) information on certified patients whose payer is not Medicare/Medicaid.

- f. explains home health admission forms including content of Patient Information Booklet (DHEC ML-025157) and Emergency Plan (DHEC 1634), establishes an emergency plan with the patient and patient's family, and obtains the patient's signature on Admission Authorizations and Consent Form (DHEC 1571),
- g. coordinates the assessment findings with the physician and establishes a care plan in conjunction with the physician's orders for the patient's plan of treatment,
- h. obtains additional physician's orders as necessary
- i. shares patient's plan of treatment including visit frequency (Form DHEC 1574), with the patient and patient's family,
- j. develops patient care objectives (goals/expected outcomes) with the patient and patient's family (Form DHEC 1574),
- k. implements the discipline care as established in the patient's plan of treatment,
- l. as ordered, assigns the patient to a home health aide and refers other disciplines,
- m. discusses the patient at the first patient care conference (consistent with Policy 3060) following the patient's admission to home health services,
- n. completes the physician's written certification according to Policy and Procedure 3070: Patient Plan of Treatment that verifies:
 - (1) home health services are required because the patient is homebound,
 - (2) the patient needs skilled nursing care on an intermittent basis or needs physical or speech therapy services (in some cases, such as Medicaid/private insurance payers, occupational therapy services admit and stand alone),

- (3) a plan of treatment for furnishing home health services to the patient is established and reviewed at least every 60 days by a physician or as often as the severity of the client's condition requires,
 - (4) home health services are furnished while the patient is under care of a physician, and
 - (5) home health care services are necessary and reasonable for the treatment of the patient's illness or injury.
- o. documents the following in the patient clinical record (Encore Clinical View) as appropriate:
 - (1) established emergency plan, provided information on advance directives and established "Home Health Patient Bill of Rights",
 - (2) patient medication profile and problems reported to MD,
 - (3) discipline specific assessment,
 - (4) patient's plan of treatment (HCFA 485) including:
 - (a) identified patient problems,
 - (b) patient care objectives (goals/expected outcomes),
 - (c) and interventions (orders, modalities, parameters)
 - (5) discipline-specific clinical notes including:
 - (a) implemented interventions (orders, modalities, parameters),
 - (b) patient's response to treatment and education,
 - (6) agency administrative data including:
 - (a) home, office and travel time,
 - (b) visit status,
 - (c) trip mileage,
 - (d) service dates, and,
 - (e) supplies used.

- p. communicates laptop per agency policy to initiate agency clerical procedures regarding the processing of the patient's clinical and administrative records.

3. Subsequent Visits:

The home health services worker makes subsequent home health visits according to the patient's plan of treatment and the patient's needs. In these visits, the home health services worker:

- a. calls the patient/family prior to the home visit,
- b. identifies self as the home health services worker (appropriate discipline title) to the patient and patient's family upon arrival at the patient's home,
- c. answers the patient and patient family's questions and concerns relative to home health care,
- d. reassesses the patient and his/her response to treatments and education,
- e. revises and implements care based on continued assessment findings and coordination with the physician and other home health care workers,
- f. obtains and implements additional/revised physician orders as needed,
- g. shares any revisions to the patient's plan of treatment with the patient and patient's family,
- h. gives new or revised instructions for the patient's care to the home health aide when necessary,
- i. implements home health aide supervisory visits at least once 14 days, following Policy and Procedure 3130: Home Health Aide Supervisory Visit,
- j. discusses the patient's case management in patient care conferences following Policy and Procedure 3060: Patient Case Conferences,
- k. documents the following in the patient's clinical record (Encore Clinical View) as appropriate:
 - (1) patient medication profile
 - (2) discipline-specific assessment and clinical note including:

- (a) assessment findings
 - (b) implemented interventions (orders, modalities, parameters)
 - (c) patient's response to treatment and education
 - (d) communication/coordination with other disciplines, agencies, insurance case manager and Physician(s)
- (3) revisions to the patient's plan of treatment (485) including:
- (a) progress notes,
 - (b) physician's verbal orders,
 - (c) identified patient problems,
 - (d) patient care objectives (goals/expected outcomes),
 - (e) interventions (orders, modalities, parameters) and
 - (f) recertification, transfer or discharge summaries,
- (4) agency administrative data including:
- (a) home, office and travel time,
 - (b) visit status,
 - (c) trip mileage,
 - (d) service dates, and
 - (e) supplies used.
- I. Communicates laptop per agency policy to ensure patient's clinical information is incorporated into the clinical record timely.

4. On-Call Visits:

The Home Health Services Registered Nurse assigned to home health care on-call coverage makes home health visits to patients, as necessary (See On Call Policy 3100). In these visits, the nurse:

- a. communicates his/her laptop as needed to obtain the patient's electronic medical record,
- b. identifies self as the home health registered nurse "on call" to the patient and patient's family upon arrival at the patient's home,
- c. implements the nursing assessment of the patient,
- d. implements nursing interventions based on the nursing assessment,
- e. notifies the physician as appropriate,
- f. obtains and implements physician's orders,
- g. assesses patient outcomes,
- h. facilitates patient referral or transfer to appropriate health care facility based on the patient's changed health care needs as ordered,
- i. answers patient and patient family's questions and concerns relative to emergency home health care visits,
- j. documents the following in the patient's clinical record, as appropriate:
 - (1) patient medication profile
 - (2) clinical note including:
 - (a) assessment of the patient and his/her problems
 - (b) implemented skilled nursing interventions and patient's response to treatment and education
 - (3) revisions to the patient's plan of treatment (485) including:
 - (a) progress notes
 - (b) physician's verbal orders
 - (c) identified patient problems, patient's expected outcomes and skilled nursing interventions
 - (d) resumption, recertification, transfer or discharge summaries
 - (4) agency administrative data including:

- (a) home, office and travel time,
 - (b) visit status,
 - (c) trip mileage,
 - (d) service dates and
 - (e) supplies used.
- k. contacts a home health services supervisor if concerns or problems arise that the on-call nurse is unable to handle.
- l. communicates laptop prior to next business day so that patient's primary nurse will have access to documentation of the on-call health care visits and any associated changes in the plan of care.
- m. conferences with the primary nurse and other members of the health care team as appropriate.

Date of Approval: November 2002

Date of Revision: December 2005

Procedures

- 3d. added, others re-lettered
- 3e. reworded reference added
- 3l. transferred information into 3e.
- 3p. revised
- 3p(1). added
- 6. reference added

Date of Revision: May 2006:

Procedure 3f revised - OASIS items as required by CMS and CMS requirements explained.

Date of Revision May 2008:

Policy Statement: 2nd sentence added

Prior/Initial/Subsequent and On-Call Heading added and items renumbered
NCV and Novius Clinical View changed to ECV and Encore Clinical View

Procedure

- 1b removed from prior section— MD orders for visits beyond SOC in section 2.
- Old 3e moved to prior section as payer is validated prior to home visit.
- 2i – Visit frequency and DHEC Home Care plan added
- 2j added DHEC form number.
- 2l revised to include referral to aide and other disciplines
- 2n revised to include reference to Adm Policy 3070

- 2.o.5b, 3.d, k.2c and 4.j.2b “education” added
- 3.f added related to obtaining verbal / change orders
- 3.k.d - disciplines and agencies added
- 3.l revised for clarity
- Policy number added to “On-Call” reference – section 4
- 4.a regarding laptop communication revised for clarity
- 4.j, (3). d resumption added
- Old 6.j.4 that stated on call nurse does admissions removed from documentation section and following item re-numbered.
- 4.l revised for clarity
- 4.l revised to include conferencing with primary nurse and health care team

Subject: 3040 Patient Initial Assessment

Policy Statement:

Home Health Services Registered Nurses (SN), Physical Therapists (PT), Speech Therapists (ST) and Occupational Therapist (OT) perform initial/admission assessments on patients referred to home health services to:

- a) Assess the patient's current health status: physical, psychological, functional and social health status
- b) Determine immediate care and support needs
- c) Assess the patient's drug regimen
- d) Assess the patient's environment including the family profile
- e) Collect baseline data about the patient's condition.
- f) Collect OASIS data items as required
- g) Document the patient's continuing need for home care
- h) Verify payment eligibility requirements
- i) Determine homebound status when required by payer.
- j) Determine the ability of the agency to adequately meet the client's medical, nursing, rehabilitation, social and discharge planning needs.

Regulation: CFR 484.55(a)(1)(2); G330, G331, G332, G333
CFR 484.18(a); G161
CHAP HHII.5c; 5d

Procedure:

1. An Initial assessment visit is completed by the registered nurse or by the appropriate rehabilitation skilled professional (PT, OT, SLP) when nursing is not ordered. Follow Admin Policy and Procedure 3010 Acceptance of Patients.
2. Occupational Therapists (OT) may only perform the initial assessment on non-Medicare patients referred for only Occupational Therapy Services.
3. The Home Health Services' admitting discipline follows Home Health Services Administrative Policy and Procedure 3030: Patient Case Management.
4. The Home Health Services' discipline doing the initial assessment:
 - (a) documents the initial patient assessment in Encore Clinical View (ECV) in most cases. Current exceptions to this are some non-certified services like Betaseron and VA Homemaker.
 - (b) analyzes patient data obtained from the initial assessment and identifies patient problems for care planning according to Home

Health Services Policy and Procedure 3070: Patient Plan of Treatment.

- (c) provides information regarding the initial patient assessment and care planned at a patient case conference. Refer to Admin Policy and Procedure 3060: Patient Coordination Conferences
- (d) consults with the patient's physician(s)

Date of Approval: November 2002

Date of Revision: May 2006

Title changed from "nursing" assessment to "initial" assessment as PT/ST are doing agency admissions.

Items added to policy statement to include CHAP expectations

August 2008

OT doing admissions moved from policy statement to procedure #2 and others re-numbered

Novius changed to Encore

4 (a) non-certified added and examples updated

Subject: 3050 Physician Verbal Orders

Policy Statement:

Physician verbal orders are given only to agency professional discipline home health care workers: to assure accuracy of the physician's verbal orders; to assure safety standards and to enhance professional clarification of physician verbal orders.

Regulation: CFR 484.18(a); G160
CFR 484.18(b); G163, G164, G165
CFR 484.18(c); G166, G300
CMS Publication 100-8 (Program Integrity Manual), Chapter 3.4.1.B
CHAP HHI.5b / HHII.5(g)(h)(i)
CMS Publication 11: Home Health Agency Manual
CMS Program Integrity Manual, Section 3.4.1.1.

Procedure:

A. PHYSICIAN'S VERBAL AUTHORIZATION TO VISIT THE PATIENT AND BEGIN CARE

To verify that a professional home care worker spoke to the attending physician and received verbal authorization to visit the patient and to begin care:

- (1) document physician's verbal orders in the appropriate locators on the Plan of Care (485)
- (2) sign and date field #23 of the Plan of Care (485) the day verbal orders are received from the attending physician.
- (3) all orders should be signed by the physician and returned within 30 days from the verbal order start of care date.

B. PHYSICIAN'S VERBAL ORDERS TO MODIFY PATIENT'S CARE

To verify that a professional home health care worker spoke to the attending physician and received verbal orders:

- (1) document physician's verbal orders in Encore Clinical or on a Verbal Physician's Order form DHEC #1672 in the event Encore Clinical is not available and disaster forms are needed.
- (2) All verbal orders should be countersigned by the physician and returned within 30 days.
- (3) Treatment orders for disciplines that are added after the start of care are documented in Encore Clinical, Assessment Verbal order form. The

Assessment Verbal Order “Reviewed By” field is defined as the date that orders are obtained by the clinician.

- Field 23, the SOC date, will stay the patient SOC date.
- The Discipline Assessment date would be the date the discipline evaluation was done and care is initiated.
- “Reviewed by” date is the date of the verbal order for starting care by the discipline.

C. PHYSICIAN'S VERBAL ORDER TO CONTINUE CARE AT RECERTIFICATION

To verify that a professional home health care worker coordinated the patient's certification plan of treatment and received a verbal order to continue care based on the patient's recertification plan of treatment:

Case Manager or designee should sign and date locator #23 of the Plan of Care (485) the day the verbal order was received from the attending physician.

D. FOLLOW-UP OF UNTIMELY RETURN OF PHYSICIAN ORDER

1. If a physician signed Plan of Care (485) is not received by the 15th day after the verbal order date on Field 23 of the 485, the physician will be contacted to ensure prompt return of the Plan of Care (485). If the Plan of Care cannot be located within the physician's office home care staff will either mail or deliver a second copy. Document the MD contact on a Document Communication Form in Encore Clinical.
2. If physician signed orders are not received back to the home care office in 30 days of the verbal order date, the case manager or designee **MUST** contact the physician and obtain verbal orders to continue care **OR** patient visits must be suspended until the Plan of Care is returned or a verbal order to continue care is obtained. At this time the case manager should: 1) notify the physician of the importance of current signed orders 2) document the contact on a Document Communication Form (Encore Clinical) and 3) Send verbal order to continue care to MD for signature.
3. If orders are not received back from the physician within 14 days of the second request verbal order (day 44), the case manager should notify the physician in writing and per telephone (personal contact if possible) that all patient visits will be suspended until the signed Plan of Care (485) is returned. Every effort will be made to get orders from the physician before the second verbal order has run its course so that services are not interrupted (could include visiting MD office to retrieve orders where feasible, having another region to assist in retrieving orders, requesting that signed orders be faxed to the Home Health office). If signed orders are not returned by day 60, the patient must

be discharged. The patient will be notified 2 weeks prior to discharge (at least by day 46) so other arrangements can be made for care.

4. All Verbal Orders to modify the Plan of Care should be received from the MD within 30 days of the verbal order date. If a verbal order sent to the physician is not back within 15 days, the MD should be contacted to ensure prompt return of the verbal order. If the verbal order cannot be located within the physician's office home care staff will either mail or deliver a second copy.
5. Late orders tracking should be done in each home health office to ensure timely receipt of orders and so patient records can be released for billing.

E. PHYSICIAN SIGNATURE

1. The Plan of Care (485) or verbal order may be transmitted by facsimile machine. The Home health office is not required to have the original signature on file. However, agency staff is responsible for obtaining original signatures if an issue surfaces that would require verification of an original signature.

When using the fax date to indicate when the document was received from the physician, the faxed copy must clearly indicate that the faxed date is the date the document was faxed from the physician to the agency.

2. Home health agencies cannot accept stamped physician signatures on home health plans of care or physician verbal orders.

Date of Approval: 02/03

Date of Revision: 11/04

Procedure: "E" was added to clarify rubber stamp physician signature.

Date of Revision: 11/05

B2 added to include definition of "Reviewed by" date on Assessment Verbal Order

Date of Revision: May/2006

Wording changed to clarify that MD should sign all orders.

D2 "district" changed to "region"

Date of Revision: February 2007

B3 revised for clarity per CHAP suggestion

Date of Revision: May 2007

D1 – 3 revised to match tracking requirements of policy 3081

E2 re: fax signature added

NCV changed to Encore

Date of Revision: February 2008

E Physician's signature. Removed rubber stamp as acceptable signature per CMS revised guidelines.

Subject: 3051 Missed Patient Visits

Policy Statement:

DHEC Home Health Services Staff will visit at an “ordered” frequency and duration, but when that is not possible DHEC Home Health Staff will notify parties as noted in the procedure. Staff will document notification and the alternate plan of care.

Regulation: CFR 484.18; G158

Procedure:

1. Notification of the patient’s physician is required for any missed visits. Physician notification may be via telephone call, fax, face-to-face, etc.
2. A Physician’s Verbal Order is not required when a visit is missed.
3. Documentation of physician notification may be made on the document communication form, clinical note, progress note or the recertification summary.
4. Documentation of all missed visits must reflect that the family, patient, and health care team have been notified, what efforts were made to complete the visit, and the alternate plan of treatment.

Approved/Revision: February 2003

Revisions:

5/2005

Regulation:

G157 changed to G158

Procedure:

Added notification of the patient’s physician is required for any missed visit.

August 2007:

Procedure #1 focused on notification. Documentation requirements removed from #1 as discussed in procedure #2

August 2008:

“physician” changed to “parties” in policy statement to reflect people who should be notified as stated in procedure 4.
#2 Physician verbal order not required removed from #1 and made #2 for emphasis.

Subject: 3060 Patient Coordination Conferences

Policy Statement:

Home Health Services home health care workers will provide coordinated patient care. The Clinical record or minutes of care conferences reflect effective interchange, reporting, and coordination of patient care.

Regulation: CFR 484.14(g); G143; G144

Procedure:

1. Patient care conferences are conducted following admission to the program, after each discipline assessment, just prior to a new recertification period, upon transfer to a hospital, upon readmission after a hospitalization, ongoing as needed, and prior to discharge from any service.
2. Participants in patient care conferences may include, but are not limited to the following: interdisciplinary health care team members; physician; other health care workers providing services; the patient; patient's caregiver, guardian, or representative; and personnel from community agencies.
3. Admission and recertification conferences include, but are not limited to discussion of the following:
 - a. Patient assessment to include diagnosis, physical status, mental/emotional status, social supports, home environment, safety measures, activities permitted, functional limitations, nutritional requirements, acuity, prognosis, and equipment required.
 - b. Development/implementation of a coordinated plan of care with recommendations to the team to support/facilitate therapy as appropriate.
 - c. Services needed to achieve desired outcomes.
 - d. Risk(s) for Hospitalization
 - e. Frequency and duration of services.
 - f. Expected outcomes.
 - g. Rehabilitation potential.
 - h. Discharge plans and anticipated discharge date.
4. Ongoing conferences are provided to keep the Home Health care team abreast of changes in the patient's condition, revisions to the plan of care, progress toward goals, hospital transfer, hospital discharge, resumption of care orders, and plans for discharge.

5. Discipline/Agency discharge conferences are conducted to notify the health care team and the physician of patient outcomes, any special discharge instructions, and any community referrals that may be needed for continuity of care.
6. The content of patient conferences are documented on the Document Communication Form in Encore Clinical View or in other designated areas of the clinical record. Documentation includes with whom the conference was conducted, what was discussed, and any outcomes of the conference, such as recommendations agreed upon by participants involved in the conference.

Approved/Revision: November 2002

Revised August 2007

3d added – risk for hospitalization

#6 paper conference report form (DHEC 1642) removed as an alternative to electronic documentation.

NCV changed to Encore

Subject: **3070** Patient Plan of Treatment

Policy Statement:

Home Health Services are furnished under the general supervision of a licensed physician and are based on a plan of treatment that is established and reviewed by the physician as often as the severity of the client's condition requires but at least every sixty days to ensure provision of the services that are appropriate to the patient's health status.

Regulation: CFR 484.18; G158
CFR 484.18(a); G159; G160; G161, G162, G165, G335;
CHAP Home Health Standards HHII.5(a)(b)(f)

Procedure:

1. Home Health Services are furnished to patients:
 - (a) under the general supervision of a licensed physician. This physician can be a doctor of medicine, osteopathy or podiatric medicine or a psychiatrist. A podiatrist is limited to prescribing care related to the feet (this does not include the tibia and fibula)
 - (b) based on a patient plan of treatment established and reviewed by the physician at least every sixty days to ensure provision of the services appropriate to the patient's condition
2. The patient plan of treatment:
 - (a) is developed by a licensed physician in consultation with the interdisciplinary home health care staff, client, and other providers involved in the client's care.
 - (b) includes the following:
 - (1) date the patient plan of treatment is established
 - (2) type of home health care services and equipment
 - (3) patient's diagnoses
 - (4) patient's mental status
 - (5) patient prognosis
 - (6) patient's functional limitations
 - (7) homebound status
 - (8) patient's rehabilitation potential
 - (9) type of discipline services needed
 - (10) frequency and duration of visits
 - (11) goals/outcomes to be achieved
 - (12) patient's medication
 - (13) patient's diet (regular or modified)/tube feeding, type, amount
 - (14) food and drug allergies

- (15) patient's activities permitted
- (16) patient's treatments/procedures including amount, frequency and duration.
- (17) other rehabilitation and therapy services
- (18) medical and social services
- (19) home health aide services
- (20) medical supplies and equipment
- (21) any safety measure to protect against patient injury
- (22) instructions for timely patient discharge or referral
- (23) vulnerable adult and/or neglect assessment/intervention
- (24) physician's signature
- (25) any other appropriate items

(c) is written by the licensed physician and home health services or is prepared by home health services based on data obtained during the initial home visit to the patient and the physician's verbal orders following HHS 3050: Physician Verbal Orders

(d) is incorporated into the patient's clinical record

(e) is reviewed by the licensed physician in consultation with the home health services staff and interdisciplinary health care team members at such intervals as the severity of the patient's illness or injury requires, or at such intervals warranted by changes in the patient's condition, but at least every sixty days

3. Orders for discipline services include:

- (a) modalities
- (b) frequency of service
- (c) duration of service

4. If the physician refers a patient under a plan of treatment that cannot be completed until after an evaluation visit, the physician is consulted to approve any additions or modifications to the original patient plan of treatment.

5. If a patient is discharged from home care and then readmitted a new comprehensive assessment/OASIS and Plan of Care must be established.

6. Home Health Services staff members promptly inform the physician of any changes that suggest a need to alter the patient's plan of treatment, following HHS 3050: Physician Verbal Orders.

Date of Approval: November 2004

Date of Revision August 2005: **Procedures**

1a – psychiatrist added

2b(11) – typo corrected “of” changed to “or”

3 – use of visit ranges added

Date of Revision May 2006:

Policy Statement – revised to include CHAP wording re: more often reviews base on the client’s condition.

Procedures

2a – wording revised to include interdisciplinary team and other outside providers

2b – 10 duration added

2b - 11 and 14 new

2b - 16 “procedures” added

2b - 20 accessories changed to equipment

5 – added to clarify that if patient is discharged and re-referred that a new OASIS and POC is required.

Date of Revision: May 2007:

Procedure

3 – Moved section about use of ranges to new policy #3071

Subject: 3071 Visit Frequency Orders

Policy Statement: Home Health Services will utilize standardized definitions of time frames for ordered visit frequencies.

Laws/Regulations: CFR 484.18; G158
CFR 484.18(a); G159; G160; G161, G162;
CHAP Home Health Standards HHII.5(a)(b)

Rules:

- 1) A “day” begins at 12:00 a.m. (midnight) and continues until the next midnight.
- 2) A “week” begins the Sunday morning before the date of the order and continues through the following Saturday night. Subsequent weeks also begin on Sunday morning and continue through the following Saturday night.
- 3) A “month” begins the first day of the certification period and continues for thirty days. The next month begins on the thirty-first day and continues through the end of the certification period. All discipline orders, regardless of date obtained, will utilize the same “months” for that particular certification period.

Example:

Orders for visits once a month for two months. (1mo2)

The first visit could be made anytime in the first 30 days of the certification period and the second visit could be made any day from the 31st day through the end of the certification period.

- 4) Frequency ranges are allowed; however, the range must be narrow (ex: 2-3 wk)
- 9) When a range is used the upper limit is the expected frequency. (Palmetto GBA Home Health Training Manual Section 7 page 4). Clinical documentation should always support the visit frequency and justify why the upper limit was not made.

Ranges can only be used for patient related issues ex: significant improvement or decline in the patient’s status, refused, not at home, appointments.

Example: Orders for skilled nursing 1-2 times a week for wound assessment / teaching / care. After 2 wks at 2x/wk the wound shows progress. Family demonstrates wound care and knows s/sx of complications to report. Nursing note/care plan shows successful demonstration and what was taught/recalled. Nurse does a document communication form that states “Wound continues to improve. Caregiver demos wound care appropriately and knows s/sx infection /complications to report. Will decrease SN visits to weekly.”

- A verbal order to decrease to a visit frequency within the range is not required.
- Because there is no change in the plan of care there is no requirement to notify the physician.
- A document communication form is not required each week that the upper limit is

not achieved, however, if the wound changes and there is a need to increase visits there must be supportive documentation (a document communication) to explain why the visit frequency is increasing back to 2x/wk (for example).

Visits missed due to staff related issues ex: sickness, vacations, scheduling conflicts, must be reported to the patient's physician per the missed visit policy (HHS 3051: Missed Patient Visits)

The supervisor is responsible to assure that clinicians use visit ranges appropriately.

- 5) The use of zero as a frequency is not allowed. Zero is not considered a frequency. The use of a larger time frame may be used to correctly write the desired frequency.

Example: Plan to visit this week, then skip two weeks and then visit the following week. Do not write 1wk1, 0wk2, 1wk1. Some acceptable ways the order could be written include "2mo1" or "1wk1 then 1q3wks1".

Example: Plan for weekly visits beginning next week. Do not write 0wk1, 1wk8. Some acceptable ways the order could be written include "4mo2" or "1wk8 beginning week of ____." The start date may be documented in the summary section of the Certification/Recertification (Field 29), the summary section of an Assessment Verbal Order (Field 30) or on a Verbal Order form.

- 6) Each discipline communicates their initial visit frequencies to the patient /caregiver using the Home Care Plan (DHEC Form 1574). Subsequent changes in visit frequency are communicated verbally as required by the HHABN Policy 3135.

Date of Approval: May 2007

Revised: May 2008

Rule 6 added

Revised: August 2008

"initial" added to procedure 6. Subsequent changes in visit frequency are communicated verbally and as required by the HHABN Policy 3135.

Subject: 3080 Physician Certification of Medical Necessity for Home Health Services

Policy Statement:

The medical necessity for the provision of Home Health Services is evidenced by a physician's certification to initiate services.

Regulations: Conditions of Participation 484.18; 484.18(c); G157, G158, G159, G162, G166; CHAP Home Health Standard: HHII.3a, HHII.3c, HHII.4, HHII.1i

Procedure:

1. Upon completion of the initial patient assessment, a decision is made regarding the appropriateness of admission to Home Health Services.
2. When the patient is admitted to Home Health Services, the physician and the agency staff develop a plan of care.
3. Within 30 days of the start of the care date, the agency must secure the physician's signature and the date on the plan of care. The signed plan of care is placed in the Home Health record.

Subject: 3081 Periodic Review of the Plan of Care / OASIS

Policy Statement:

The Plan of Care (485) for each Home Health patient will be established and reviewed by the physician and Home Health agency staff as often as necessary for the severity and complexity of the patient's condition, but at least every 60 days to ensure adequacy of the plan of care and appropriateness of continued home health care.

Regulation: CFR 484.14(g); G145
CFR 484.18(b); G163
CFR 484.55(d); G338
CFR 484.55(d)(1); G339
CFR 484.55(d)(2); G340
CHAP HHII.5(d)(2); G340

Procedure:

1. A patient care conference to review the plan of care is conducted prior to recertification.
2. Five to seven days prior to the last day of the certification period, all involved disciplines planning to continue will submit recertification orders/summaries to the case manager responsible for completing the Plan of Care (485). Disciplines that plan to discharge should refer to Policy 3140.
3. The case manager will complete the Plan of Care (485) after the recertification assessment visit is done. The recertification assessment applies to all patients, but may or may not include OASIS items (see below).
4. A Follow-up OASIS (Outcome Assessment Information Set) Assessment visit should be done some time in the five (5) day window prior to the end of the certification period for all patients who receive skilled services except for those who are: under age 18, receiving maternity services, or those whom Medicare or Medicaid insurance (traditional or HMO) is not billed. OASIS Follow up assessments should be collected on patients where Medicare or Medicaid is (or could be) a secondary payer.

DHEC agencies may collect OASIS information on certified patients whose payer is not Medicare/Medicaid for their own use or for billing purposes. These OASIS surveys are not submitted to the State OASIS system.

Only the nurse, physical therapist (PT), occupational therapist (OT), and speech therapist (ST) may complete the OASIS Follow-Up survey. If the case manager's visit does not fall in the (5) day window, one of the above discipline whose scheduled visit falls in the (5) day timeframe should perform

the OASIS Follow-Up visit. If the case manager's next scheduled visit is not in the (5) day window, it still is his/her responsibility to assure that an OASIS follow-up visit is completed timely.

5. If a patient is under age 18 and home care is covered under Medicare Prospective Payment System (PPS), the agency must complete the OASIS to obtain a Medicare PPS payment code. The OASIS data would not be submitted to the State OASIS system.
6. Within the last five (5) days of the recertification period, appropriate agency staff and the patient's attending physician will evaluate: (refer to policy 3060)
 - the need for continued home health care through evaluation of established goals;
 - the need to revise or establish further goals,
 - the adequacy and appropriateness of services;
 - the appropriateness of visit frequencies;
 - patient outcomes related to care provided.
7. After it is determined that home care services are to continue:
 - a. A recertification Plan of Care (485) will be developed.
 - b. The case manager or designee will date and sign Field 23 of the Plan of Care (485) after reviewing it with the patient's attending physician.
 - c. The Plan of Care (485) must be signed by the physician and back in the home health office by the 30th day from the verbal order date in Field 23 of the Plan of Care (485).
 - d. If a physician signed recertification Plan of Care (485) is not received by the 15th day from the verbal order date in Field 23 of the 485, the physician will be contacted to ensure prompt return of the Plan of Care (485). If the Plan of Care cannot be located within the physician's office, home care staff will either mail, fax or deliver a second copy. Staff should document the MD contact on a Document Communication Form in Encore Clinical or in Encore Financial – Orders Tracking.
 - e. If physician signed orders are not received back to the home care office in 30 days of the verbal order date, the case manager **MUST** contact the physician and obtain verbal orders to continue care **OR** patient visits must be suspended until the Plan of Care is returned or a verbal order to continue care is obtained. At this time the case manager should: 1) notify the physician of the importance of current signed orders. 2) document the contact on a Document Communication Form in Encore, and 3) Send a verbal order to continue services to the MD for signature.

If signed orders are not received back from the physician within 14 days of the second request verbal order (day 44), the case manager should notify the physician in writing and per telephone (personal contact if possible) that all patient visits will be suspended until the signed Plan of Care (485) is returned. So that services are not interrupted, every effort will be made to get orders from the physician before the second verbal order has run its course. Examples could include visiting MD office to retrieve orders, having another region to assist in retrieving orders, or requesting that signed orders be faxed to the Home Health office.

If signed orders are not returned by day 60, the patient must be discharged. When there is a continued problem obtaining signed orders, the patient will be notified 2 weeks prior to the end of the period (at least by day 46) so other arrangements can be made if necessary. This should be documented in a Document Communication Form in Encore.

8. Other care plan reviews:

- a. When a patient is discharged from an inpatient facility, a Resumption of Care (ROC) visit is done (refer to HHS Policy 3085) and the plan of care is reviewed and updated as needed. Depending on the payer, an OASIS ROC assessment may be required and should be completed within 48 hours of discharge (or knowledge of discharge)..
- b. A Significant Change in Condition (SCIC) review is completed when there is a major decline or improvement in the patient's health status that was not envisioned in the plan of care. A SCIC requires a physician order (verbal order) and depending on the patient's payer, may require an OASIS follow-up assessment to be completed. A home visit is required to complete an SCIC OASIS assessment.

The SCIC OASIS (Other F/U Assessments) must be completed within 2 calendar days of identification of a significant change (positive or negative) in the patient's condition, which may include the following:

- 1) Significant change in the medical treatment regimen that impacts the Plan of Care. This could be:
 - i. significant medication changes (e.g., new on coumadin or insulin),
 - ii. a significant increase in visit frequency (e.g., going from 1 time a week to 3 times a week or greater)
 - iii. care in an Emergency Room that requires a drastic change in the patient's treatment, Plan of Care, etc.
 - iv. a significant change in the Plan of Care due to an outpatient surgery/procedure.

- 2) Referral to any additional discipline or aide service because of a change in the patient's condition.
 - 3) A significant positive change in condition that was not envisioned in the initial plan of care.
 - c. Completed interim MD orders will constitute the update for the Plan of Care (485) until the next recertification.
9. In situations where the agency is unable to complete OASIS assessment in a timely manner, or at all, during a home health episode Center for Medicare and Medicaid Services (CMS) says that, for payment purposes, completion of the OASIS may occur as follows:
 - a) When an agency does not complete an OASIS timely during an episode the agency may immediately complete the appropriate OASIS at the point in time at which it becomes aware that it had missed the required date. That OASIS assessment may be used to establish a Home Health Resource Group (HHRG) for payment. An example would be when a follow-up assessment visit was inadvertently missed. The clinician should schedule a home visit and do the follow-up assessment as soon as s/he it becomes aware that it was missed. M0090 should be the day of the home visit. Encore will prompt the clinician that an OASIS assessment is past due for 14 days.
 - b) In the rare situation in which it is realized that an OASIS assessment is missing and the patient is discharged or subsequent episodes have occurred CMS allows the agency to use its medical records to reconstruct the OASIS items. M0090 should be the date the OASIS assessment was reconstructed. The OASIS can be "reconstructed" via the Encore OASIS General Edit activity by F3ing and adding the OASIS.
 - c) If it is determined that an OASIS is missing and staff who provided care is no longer available (ex: due to staff turnover) then the Team Leader, CQI Coordinator or Home Health Program Manager may complete the "missing OASIS" using the medical record as described in (b) above.

Date of Approval: November 2002

Date of Revision: May 2006

Policy Statement revised to match CHAP wording
Procedure 3 and 4 revised to suspend the required OASIS assessment on non-Medicare/Medicaid patients as revised by CMS.

Date of Revision: August 2006

Title revised to include "OASIS"
Procedure 9 added related to missing OASIS.

Date of Revision: May 2007:

Procedure:

#4 3rd paragraph revised to decrease duplication

#6 2nd item added

#7 b, c,d revised for clarity

#7 e added that the case manager / designee must contact the MD for verbal orders to continue or visits suspended until 485 returned or vo obtained. On day 44 the visits should be suspended until 485 returned. If no orders by day 60 patient should be discharged.

Date of Revision: August 2008

Few editorial changes

#8a reordered and now 8b.

Language regarding ROC/SCICs used for reimbursement removed

9 c added to define "who"

**Subject: 3085 Inpatient Facility Transfer and / or Resumption of Care
Post-Facility Stay**

Policy Statement:

Care is coordinated with the client, family and interdisciplinary team members and appropriate community resources.

Regulations: CHAP HHII.5k
484.48(a); G238

Procedure:

If a patient is admitted to an inpatient facility for more than 24 hours, the following processes must occur:

1. When the clinician learns that a patient has been transferred to an inpatient facility for more than 24 hours and for a reason other than diagnostic testing, they should complete the Encore Transfer Form. This form only needs to be done by one of the skilled disciplines. Oftentimes that is the case manager or the person who first learns of the transfer. Depending on the payer, the Transfer form may include OASIS items. (If the patient was hospitalized for less than 24hrs or for diagnostic testing only, no transfer summary is required).
2. While completing the transfer form, the clinician should enter the hospital admission information into the facility stay area in the referral demographic form.
3. Once notified that the patient will return home and services are to resume, the person taking the information should enter the hospital discharge date in the facility stay information area. This can be done by either a clinical or administrative staff person.
4. The patient must be assessed within 48 hours of discharge from the inpatient facility (or notification of the facility discharge). The first skilled discipline visiting the patient post-hospital stay completes the OASIS Resumption of Care (ROC) survey via the daily note if required by the payer. If 2 disciplines visit on the same day, they should coordinate who will complete the ROC OASIS.
5. A verbal order is needed to resume all services and for any changes in care. Disciplines will update the patient's ICD-9 codes, medication list, care plan, projected frequency for the remainder of the episode, and any new discipline referrals should be made as ordered. At least one verbal order is needed to resume all services.
6. All involved skilled disciplines will write a progress report to reflect any changes in the patient's condition post hospitalization. (Refer to policies 3060 and 4030)
7. If the patient is in the hospital on the last day of the 60-day period, each discipline completes the discipline-specific discharge document and the

episode is closed. A Verbal Order is not needed for discharge. (See Discharge Planning Policy 3140)

August 2008 Revisions:

Information for this policy was removed from policy 3140 Discharge Planning.

A new policy was created for clarity/ease of use.

In addition, few editorial/grammatical revisions were made

Subject: 3090 Patient Summary Reports

Policy Statement:

Home Health Services home health care workers shall write summary reports as required to maintain liaison with the patient's physician and other health care facilities and services in coordinating the patient's plan of treatment, and to ensure that the efforts of home health care workers effectively complement one another and support the objectives outlined in the patient's plan of treatment.

Regulations: Conditions of Participation: 484.48; G238, G303, G145; CHAP
Home Health Standards: HHII.5j – 5l.

Procedure:

Pertinent factors regarding a patient are drawn from relevant clinical notes, progress notes, and conference reports, and are submitted as Summary Reports, from each discipline, to the patient's physician. Summary Reports may be of the following types:

1. Evaluation Summary
2. Certification Summary
3. Recertification Summary
4. Transfer Summary
5. Resumption of Care Summary
6. Discharge Summary

See HHS 4030: Definitions and Timeframe for documentation of Notes and Summaries.

Date of Approval: November 2002

Date of Revision: May 2006

Procedure: #5 ROC Summary added to list.

Subject: 3100 On-call and Unscheduled Visits

Policy Statement:

Agency resources are available on a 24-hour, 7 days per week basis to provide information to patients; to provide support to patients and patients' families; to provide unscheduled home health care services; to implement interventions as patient's condition dictates; and to handle and document emergencies.

Regulation: HIM-II Section 157E
SC Regulation Number 61-77
CHAP HH1.5b / HHII.3

Procedure:

1. Patients' requests for home health services between scheduled visits and after office hours will receive a response within 2 hours.
2. All Home Health Services registered nurses may provide nursing resources to patients, as required, between scheduled visits and after office hours.
3. Telephone calls to Home Health Services during office hours are answered by the Home Health Services office staff and referred to the appropriate clinical staff member.
4. If the assigned staff member cannot be reached in a timely manner, the Home Health Services nursing supervisor (or designee) will respond to the patient request. The Home Health Services nursing supervisor will then report to the appropriate clinical staff member the request and its outcome.
5. For the provision of after-hour requests/services the electronic patient record is available to the on-call nurse via remote access to the server. If the electronic record is not available to the on-call nurse, they should access the hard copy record in the office. If the on-call nurse is unfamiliar with the patient and the record (hard copy or electronic) is unavailable, the on-call nurse should consult with the primary care provider, case manager and/or team member in order to be briefed on the plan of care.
6. When a call is received after hours the on call nurse determines if:
 - (a) The caller's concern can be handled by telephone communication.
 - (b) A home health care visit is required. If a visit needs to be made, the nurse will do so within 3 hours of being summoned, as clinically indicated, or as agreed upon by the patient/family or caregiver.
 - (c) The attending physician needs to be notified.

- (d) Emergency procedures should be initiated.
7. After the request has been handled, the on-call nurse:
- (a) Documents in the patient's record via a document communication form in Encore Clinical View:
 - 1. Date/time of the telephone call
 - 2. Name of individual who placed the call
 - 3. Reason for the call
 - 4. Action/outcome as a result of the telephone call
 - (b) Confers with the nursing supervisor, primary nurse and/or other team members regarding after hours telephone calls and visits the following workday as appropriate.
8. The on-call nurse communicates their laptop at the appointed time each night so that all staff laptops can be updated with the most recent patient information.
9. Regions/Agencies will maintain a report/log of all after hours calls. Agencies can use the MyEureka "on-call" report or documentation from the answering services.
10. A back up for on-call personnel will be maintained at the region level and state level as follows:
- a. Team Members
 - b. Team Leader
 - c. Home Health Nurse Administrator
 - d. Division Director

Date of Approval: November 2002

Date of Revision: May 2006_

Procedure

3a and 3b removed. These calls should be handled like any incoming calls to the office.

4 updated to include NCV process for remote access to the server

4a thru 4b removed. A manual on-call log is not required.

5 added to ensure access to client information

9 added

Date of Revision: August 2008

Few editorial changes

NCV changed to ECV

District changed to Region

#10 state level defined

ON-CALL CRISIS INTERVENTION SHEET (ATTACHMENT 2)

- A. If a patient calls expressing suicidal thoughts, expressing a plan, or has already taken an overdose or other direct action, the following steps should be taken:

Staff member:

1. What is your phone number? _____ 2. Where are you now? _____

3. Are you alone, or is there someone with you? _____ Who is with you? _____

4. Have you taken any medications? _____ When? _____

What are they? _____

How many have you taken? _____

5. Do you have any other plans to harm yourself? _____ What are they? _____

What will you use? _____ Is this available to you now? _____

- B. If the patient has taken an overdose of medications (#4) or has a plan or some other available means with which to harm himself (#5) and is alone at home:

1. Tell patient you are hanging up, but will call right back. Make a contract with patient that he/she will answer the phone.
2. Hang up and call 911 to ensure the safety of the patient. Report incident; patient's name, address; your name, company, and relationship with patient (visiting nurse on call).
3. Call patient back and stay on phone until the paramedics and police arrive. (If the patient does not answer the phone, call 911 back and report that patient is not answering the phone and they may need to break into the house.
4. Supply any further information requested by police or paramedics on phone (patient's physician and phone number, pertinent family member name and phone number).
5. Call physician and coordinator/PNS and report incident in detail.
6. An incident report must be filed within 24 hours.

- C. If patient answers "no" to questions 4 and 5, continue with these questions. Staff member is to ask:

1. Did you call because you were having suicidal thoughts? Have you been drinking? You have a drug of choice? Have you used any today? Have you ever felt like harming yourself before? Did you try to harm yourself then?
2. What did you use? Do you feel like that now? Do you have something you can harm yourself with in your home right now? What is it?
3. Are you able to make a verbal agreement with me not to harm yourself and honestly abide by this agreement?

HHS 3100

Exhibit 2 - Page 1 of 2

ATTACHMENT 2

PAGE 2

SITUATIONS AND ACTIONS

LEAST VOLATILE

Patient answers:

"Yes, I have suicidal thoughts, but I'd never do it." AND

"No, I have no plans or thoughts of how to kill myself." AND

"Yes, I can honestly contract not to harm myself."

Action: On-call staff member assesses patient's mental/orientation status if patient is on drugs or alcohol. Calling 911 and following procedures as documented below for "most volatile" will need to be instituted if patient is very high, disoriented, and/or depressed on drugs or alcohol. No alcohol or drugs requires staff member calling patient's physician and coordinator/PNS with report of patient-staff member conversation.

MODERATELY VOLATILE

Patient answers:

"Yes, I have suicidal thoughts." AND

"Yes, I have plans or thoughts of how to kill myself." AND

"Yes, I can honestly contract not to harm myself."

Action: On-call staff member assesses lethality of plan and available means. A lethal plan and/or available means requires calling 911 and following procedures as documented below for "most volatile." A patient on drugs or alcohol also requires calling 911. Superficial or non-lethal plans with no available means and no alcohol or drugs requires calling patient's physician with report of patient-nurse conversation. (Physician will call patient.) On-call nurse calls coordinator/PNS and reports patient-staff member conversation and physician-nurse conversation.

MOST VOLATILE

Patient answers:

"Yes, I have suicidal thoughts." AND

"Yes, I have plans or thoughts of how to kill myself." AND

"No, I cannot contract with you not to harm myself."

Action: On-call staff member tells patient she is going to hang up, but she will call right back. Hang up and call 911 and report conversation. Call patient back and keep the patient on line until 911 arrives. Supply any further information requested by police or paramedics on phone at the time; i.e., physician and phone number, pertinent family member/caregiver name and phone number. Call physician and coordinator/PNS and report incident in detail. Report call on Log Sheet. File incident report within 24 hours.

HHS 3100

Exhibit 2 - Page 2 of 2

Subject: 3110 Designation of Patient's Physician(s)

Policy Statement:

The patient will designate a physician who is licensed to practice medicine to direct and supervise the plan of treatment. Home Health Services staff members accept patients and administer plans of treatment according to the directions of the patient-designated physician.

Regulations: Conditions of Participation 484.18; G158; CHAP Home Health Standard: HHII.4c

Procedure:

1. The home health care worker coordinates the development of the plan of treatment with the designated physician.
2. When more than one physician is ordering services; such orders will be co-signed unless the physicians are in the same group practice. Conflicts in orders will be cleared with the physicians, and each will receive a copy of Home Health Services summary reports and patient's plan of treatment.

* See HHS Policy 3070 for physician specification to include the services of a podiatrist.

Approved/Revision: May 1995

Revised August 2007:

Policy Statement: "in the state" removed from 1st sentence as some physicians giving orders are licensed in bordering states.

Subject: 3120 Home Health Aide Visit Protocol

Policy Statement:

Within 48 hours from the physician's order for aide services and following an initial patient assessment, home health aide services will be initiated according to visit protocol.

Regulation: 484.36(c)(1); G223, G224
484.36(c)(2); G225, G226, G227

Procedure:

1. Before making the initial home health aide visit, the aide:
 - a. receives written instructions for patient care from the home health aide supervisor (HASU),
 - b. reviews the patient assignment with the home health aide supervisor (HASU) prior to the first home visit, and
 - c. schedules the initial home visit within 48 hours from the physician's order for aide services.
2. When the home health aide makes scheduled home health aide visits to the patient, the aide:
 - a. calls the patient to notify the patient/caregiver of the visit,
 - b. identifies self as a Home Health Services aide upon arrival at the patient's home,
 - c. explains home health aide tasks to be performed during the aide visits,
 - d. implements assigned home health aide tasks,
 - e. informs the home health aide supervisor (HASU) or the home health team leader of any pertinent observations/information regarding the patient,
 - f. refers patient and family questions and concerns to the home health aide supervisor (HASU) or the home health team leader, and
 - g. conferences with home health aide supervisor (HASU) and/or home health team leader before resuming care after any aide absence from work.
3. After the visit, the home health aide documents the following:

- a. implementation of assigned tasks in a clinical note,
- b. pertinent observations/information reported to the home health supervisor (HASU) or the home health team leader regarding the patient. Note: The home health aide must document information or changes in the patient's condition. These notes must indicate to whom this information was reported. These notes must also be dated and signed by the home health aide.
- c. patient coordination conferences when a change in the aide assignment is made, and
- d. agency administrative data including:
 - (1) home, office and travel time
 - (2) visit status
 - (3) trip mileage
 - (4) service dates and supplies used

Date of Revisions:

August 2008: Few editorial changes

“home health services worker who assigned the aide” changed to Home Health Aide Supervisor (HASU) to match encore clinical
“home services nursing supervisor” changed to Team Leader.

Subject: 3120N Home Care Aide Visit Protocol for Non-Certified Patients

Policy Statement:

Home Care Aide services will be initiated through coordination with the referral source and follow the correct patient home visit protocol.

Regulation: CHAP HHII.5m; HHII.5n; HHII.5o; HHII8b

Procedure:

1. The home care aide supervisor:
 - a. communicates with and receives written instructions for patient care (aide services) from the referral source. The assigned duties are requested from the referral source,
 - b. completes the aide assignment to include: type of service required, schedule of services, specific duties to be performed including amount, frequency and duration, individual to contact in an emergency and other pertinent items,
 - c. reviews the patient assignment with the home care aide prior to the initial aide visit and as needed,
 - d. accompanies the aide on the initial home visit as arranged with the patient / family and the referral source,
 - e. communicates with the home care aide and referral source when a change in assignment is needed or problems are reported,
 - f. revises the aide assignment as requested by the referral source,
 - g. documents patient coordination conferences in Encore Clinical View (ECV), and
 - h. when aide services are discontinued notifies others as appropriate and completes the aide discharge form.
2. When the home care aide makes scheduled home visits to the patient, the aide:
 - a. calls the patient (if phone available) to notify the patient/caregiver of visit,
 - b. identifies self as a Home Care Aide upon arrival at the patient's home,
 - c. explains home care aide tasks to be performed during the visits,
 - d. implements assigned home care aide tasks,

- e. informs the aide supervisor (HASU) making the aide assignment or the team leader of any pertinent observations / information regarding the patient,
 - f. refers patient and family questions and concerns to the Aide Supervisor (HASU) or the Team Leader, and
 - g. conferences with aide supervisor (HASU) and/or team leader before resuming care after any extended absence from work.
3. After the visit, the home care aide documents the following:
- a. implementation of assigned tasks in a clinical note,
 - b. pertinent observations/information reported to the aide supervisor (HASU) or the team leader regarding the patient Note: The home care aide must document information or changes in the patient's condition. These notes must indicate to whom this information was reported. These notes must also be dated and signed by the home health aide on the visit documentation form.
 - c. agency administrative data including:
 - (1) home, office and travel time
 - (2) visit status
 - (3) trip mileage
 - (4) service dates and supplies used

Date of Approval: May 2003

Date of Revision: May 2006

Procedure: 1b added - items that should be included in the assignment as required by CHAP

1e – moved from aide responsible to that of the supervisor.

August 2008: Few editorial changes

“Home health services worker who assigned the aide” changed to Home Health Aide Supervisor (HASU) to match encore clinical.

“Home services nursing supervisor” changed to Team Leader

Subject: 3130 Home Health Aide Supervisory Visits for Certified Business Units

Policy Statement:

A Home Health Services registered nurse, physical therapist, occupational therapist, or speech pathologist will make a supervisory visit to the patient's residence at least once every two weeks. The purpose of the supervision is to assess the relationship of the aide with the patient; assess the home health aide's delivery of care; determine if projected patient outcomes are being achieved; work with patient/family on developing plans for personal care as home health aide services are decreased or terminated; and assess the paraprofessional's skills competency.

Regulation: CFR 484.36(d), G229
484.36(d)(1), G228
484.36(d)(3), G230

Procedure:

1. A Home Health Services registered nurse, physical therapist, occupational therapist, or speech pathologist makes and documents a home health aide supervisory visit to the patient's residence at least once every two weeks. Note: A contract therapist may supervise the care of the patient, but cannot be the aide's supervisor who performs the Employee Performance Development Plan Evaluation (EPDP).
2. Newly hired Home Health Aides must receive at least bi-weekly onsite supervisory visits during the initial eight weeks of employment. After the initial eight weeks, the home health aide supervisory visits done by the RN/Therapist may be direct (aide present) or indirect (aide not present).
3. Changes that occur in the home health aide assignment are discussed with the aide and the patient and documented revisions are made on the Home Health Aide Assessment/Careplan.
4. The aide assignment should reflect signs and symptoms to be reported to the RN or therapist.
5. Adherence by the aide to the assignment, reporting and documenting significant changes in a patient's condition are evaluated by the RN or therapist at least every two weeks. More frequent supervision (including direct and indirect) may be necessary depending on the complexity of the assignment and/or changes in the patient's condition. Aide supervision is documented in the HHA Supervision Form in Encore Clinical View.
6. A nurse may continue to supervise the aide after discharge to skilled nursing or a therapist may pick up the supervision of the personal care provided by the aide. If multiple therapies are involved, one shall be designated responsible by the team

leader to provide supervision as appropriate. This designation of aide supervisor (HA SU) is documented in the Assignment Activity in Encore Clinical View. All active disciplines may provide direction to the aide on activities the aide may be providing in support of their particular therapy.

Approved/Revision: November 2002

Revised November 2007:

Procedures: #1 EPMS changed to EPDP
NCV changed to Encore Clinical View
#2 and 6 revised for clean up / clarity

Subject: 3130N Home Care Aide Supervisory Visits For Non-Certified Business Units

Policy Statement:

The supervising nurse will provide on-site supervision at least once every 60 days for each non-certified home health aide client. The supervisory visit must be a DIRECT observation visit. The purpose of the direct supervisory visit is to assess the client and family relationship with the Home Care Aide; assure that the client is receiving adequate and appropriate care; determine changes in client's condition that might influence client's services; and instruct in aspects of client's care as needed.

Regulation: COP 484.36 / G230CHAP HHIII.1e6

Procedure:

1. The supervisory visit is made to assess the Home Care Aide's provision of care as set forth in the service plan or Aide Care Plan.
2. On site supervision will be done at least every 60 days. The supervisory visit must be a direct observation visit.
3. The direct Home Care Aide supervisory visit is documented on the DHEC #1692 supervision form or in NCV on the HA Supervisory Visit Form and a copy placed in the Home Care Aide's supervisory folder. Annual skills check may be done at this time.
4. Documentation of aide visits/supervision will be made available to the referral source if requested.
5. The aide should report problems to the aide supervisor who will follow up with the patient/family/referral source as indicated. The follow up should be documented and any changes that occur in the Home Care Aide assignments are discussed with the aide and/or family and documented on the client's assignment sheet.
6. Any supervision given must be documented in the individual client record.

Date of Approval: August 2003

Date of Revision: May 2006

CLTC contract requirements removed.

Date of Revision: February 2007

Policy made to match Medicare regulations for q 60-day direct supervision for all non-certified aide services.

Subject: 3135 Home Health Advance Beneficiary Notice

Policy Statement:

The purpose of the Home Health Advance Beneficiary Notice (HHABN) is to inform a Medicare patient when services are initiated, reduced or terminated so that he or she may make an informed and timely decision whether to begin (or continue) to receive the items/services for which Medicare may not pay. The patient may then choose to pay for the items/services out of pocket or through other insurance.

Regulation: CMS 42 CFR 411.404

Procedure:

1. A HHABN must be provided if the agency expects that Medicare will deny payment of services/visits on the basis that:
 - a) the care is not medically necessary and reasonable
 - b) the care is custodial
 - c) the patient is not homebound
 - d) the patient does not require part-time or intermittent services
 - e) the services are not ordered by a physician
2. The agency must issue an HHABN **each time, and as soon as**, it makes the assessment that Medicare payment certainly or probably will not be made for services / visits. The patient must be advised of this before services are initiated or continued for which the patient will be liable to make payment "out-of-pocket," or through other insurance coverage (e.g., private insurance, Medicaid, etc.).
3. A HHABN should only be signed when the agency suspects that Medicare will not make payment as evidenced by their stated reasons.
4. So the patient can fully understand the basis for the agency's conclusion regarding probable non-coverage, the reasons specified on the form must be in plain language (no abbreviations or medical language). The reasons must convey more than simply that care is "not reasonable or necessary" or "not a Medicare benefit". If such conditions are thought to apply, the clinician must describe why the conditions apply.
5. The HHABN form must be completed prior to the patient signing, and it must specify the services that are being denied, reduced or terminated and a reason why a denial by Medicare is expected.
6. The HHABN is used for Medicare fee-for-service (original Medicare) patients only. The HHABN is not to be used for Medicare Managed Care (Part C) enrollees or for non-Medicare patients.
7. A patient will have not received proper notice if the agency refuses to answer questions from a patient (or an authorized representative) concerning the content or intent of the notice.
8. If a situation arises in which a patient or the authorized representative cannot receive an HHABN; the patient is protected by not having received a HHABN. The agency's inability to give notice to the patient directly or through an authorized representative does not allow the agency to shift liability to the patient.

9. A previously signed HHABN is acceptable evidence of notice for current items or services if the previous HHABN cites similar or reasonably comparable items/services for which denial is expected on the same basis in both the earlier and the later cases. A written denial of payment from Medicare for a claim for the same or similar items or services received by the patient not more than one year previously is acceptable evidence of notice for current items or services.

Triggering Events:

1. *Initiation of Services* – when the agency expects that Medicare will not cover any item(s) and or service(s) from the start of care or before delivery of a one-time item or service (visit) that Medicare is not expected to cover. *Examples of when to have an HHABN signed at initiation of services:*
 - a. One time visit billable service (e.g. Physical Therapy evaluation visit which is billable)
 - b. SN admission billable visit for RPT/ST only service(s). Care was provided by SN on the admission visit, and then terminated. Therapy services to continue.
 - c. At least one discipline opens patient to service, however, there is a referral to another discipline that is not available (e.g. OT, ST, MSW).
2. *Reduction of Services* – when the agency plans to reduce or terminate some service or item during an episode while continuing other services, whether the care ending or the continuing care is covered by Medicare or not. Also, agency must issue a HHABN if services or items are reduced or terminated as resulting from financial or other agency reasons. *Examples of when to issue HHABN for reduction of service:*
 - a. Visit frequency decreased from the original planned frequency (e.g. initial orders on 485 stipulate a frequency of 2wk9). Patient was informed at time of initial orders that a visit frequency of 2wk9 was planned. However, patient progressed to a level of only needing one visit per week. A HHABN is required since a “non-planned” reduction in service is planned.
 - b. Recertification visit frequency will be reduced from last ordered visit frequency.
 - c. Patient needs assistance from home health aide 3 times a week, but agency does not have adequate staff to provide service 3 times a week. Instead, the agency provides service twice a week.
 - d. For business reason, agency decides to discontinue some service / item / discipline but continue other service / item / discipline
 - e. MD orders visit reduction (i.e. MD sends prescription home with patient with reduced visits frequency)
3. *Termination of Services* – when agency ends delivery of all services / items (i.e. agency discharge) whether covered by Medicare or not. *Examples of when to issue HHABN for termination of service*
 - a. Discipline discharge - except for the last discipline that discharges the patient. Example: SN, OT and RPT all opened patient to service. SN discontinues service, but OT and PT continue. The SN must have a HHABN signed when they discontinue care; Later OT discontinues service and PT continues, the OT must have a HHABN signed. When the RPT, which is the last discipline, discharges the patient from service, a HHABN is not signed. Instead, a Generic Notice must be signed (Refer to Policy 3136). NOTE: A HHABN is **NOT** required when all services are terminated (i.e.

all goals met on careplan) unless non-covered services will continue after the Medicare covered services end (i.e. close patient to Medicare and open patient under Medicaid Dual Eligible). In this case both a HHABN and Generic Notice must be given.

- b. Termination of services because of continued non-compliance with plan of care.
- c. Termination from service by physician (patient did not have any choice in this decision).
- d. Termination from services because of insufficient agency staff

Situations When an HHABN is Not Required:

- 1. Increases in Care – whether under the original plan of care or subsequent orders
- 2. Transfer to other Covered Care – for example another home health agency or another Medicare provider (e.g. hospital, SNF, outpatient clinic, etc.)
- 3. Planned Reduction of visit frequency at initiation of discipline service - reductions written in the initial plan of care and discussed with patient when the visit frequency first established (e.g. initial plans -- SN visits 2-3x/wk for 2weeks, then 1-2x/wk for 7 weeks – this was discussed with patient when care initiated – no need to deliver a HHABN since the patient was made aware of the anticipated reduction in services).
- 4. Agency Discharge with all Goals Met - all care ending with goals met and / or physician orders completed. No other services are to continue. Must deliver Notice of Medicare Non-Coverage in this case (refer to policy 3136).
- 5. Patient Request - changes in the care at patient's request and these changes are documented in the medical record.
- 6. Evaluation Visit at No Cost - services not initiated as a result of the initial assessment provided patient is *not charged for the assessment*.
- 7. Medicare payer changes from "traditional Medicare" to Medicare Managed Care (Part C) (Medicare Advantage).
- 8. Patient discharged due to inpatient hospitalization

Delivery of Notice:

- 1. HHABN delivery should take place far enough in advance of receiving a non-covered service so the patient can make an informed decision before a procedure is initiated or treatment begins.
- 2. The HHABN should be hand-delivered by agency staff to the patient or authorized representative.
- 3. If the patient alleges non-receipt of notice and the agency cannot demonstrate the patient received the notice, it will be assumed that the patient did not know that Medicare would not pay for the service or items.
- 4. The HHABN must be prepared with an original and at least one copy. The signed original form must be returned to the agency and filed in the medical record per Home Health Administrative Policy 4020. The copy of the HHABN is given to the patient immediately after the form is signed.
- 5. If a patient is not given a copy of the HHABN and if the patient later alleges that the HHABN is different in any respect from the HHABN he/she signed, credence will be given to the patient's allegations.
- 6. *Telephone notice is not considered proper notice unless content of the telephone contact can be verified and is not disputed by the patient.* If a telephone notice is followed up immediately with a mailed notice or a hand-delivered notice and the patient signs the

notice accepting responsibility for payment, Medicare will accept the time of the telephone notice as the time of HHABN delivery. The agency must obtain the signed and dated HHABN from the patient, either in person or, where this is not possible, via return mail from the patient or authorized representative as soon as possible after the HHABN has been signed and dated.

Capable Recipient:

1. The HHABN is not properly delivered unless the patient, or authorized representative is able to comprehend the notice. A comatose person, a confused person, a legally incompetent person, a person under great duress (for example, in a medical emergency) is not able to understand and act on his/her rights, therefore necessitating the presence of an authorized representative for purposes of notice.
2. Removal of language, sensory or learning barriers must be accomplished to ensure proper receipt of notice to individuals (see list below). Barriers may be removed when a patient or their authorized representative has no such barrier to receiving notice. However, in the absence of an authorized representative, the agency must take other steps to overcome the difficulty of notification. These may include providing notice in the language of the patient (or authorized representative), in Braille, in extra large print, or by getting an interpreter to translate the notice. Examples of individuals with barriers are persons who: 1) do not read the language, in which the notice is written, 2) are not able to read at all or who are functionally illiterate, 3) blind persons or otherwise visually impaired persons, 4) deaf persons.

Implications of Signing the HHABN:

1. A patient or authorized representative who has been given a HHABN may decide to receive the item or service. In this case, the patient should indicate that he/she is willing to be personally and fully responsible for payment and then sign the form.
2. When a beneficiary decides to decline an item or service, he/she should so indicate and then sign the form.
3. When the patient signs the form with an agreement to pay, the patient's signature is meant to attest both to receipt of the HHABN and to his/her agreement to pay for the services or items that may not be covered by Medicare.

Refusals to Sign a Properly Executed HHABN:

1. The patient cannot properly refuse to sign the HHABN and still demand the item or service. If the patient refuses to sign a properly executed HHABN, the agency should consider not furnishing the item or service, unless the health and safety of the patient are such that this is not an option. The agency may add a notation to the HHABN and have the annotation witnessed, indicating the circumstances and persons involved.
2. Where there is only one person in the home, the second witness may be contacted by telephone to witness the patient's refusal to sign the HHABN by telephone and may sign the HHABN annotation at a later time. The unused patient signature line on the HHABN form may be used for such an annotation; writing in the margins of the form is also acceptable. The agency should file its claim as having given the HHABN. The patient will be held liable in case of a denial.
3. If the patient demands the service, refuses to sign the notice with an agreement to pay (will not sign or else marks out the agreement to pay language); the agency should have a second person witness the provision of the HHABN and the patient's refusal to sign. They

should both sign an annotation on the HHABN attesting to having witnessed said provision and refusal to pay. The agency must take into account the fact that it will NOT be able to collect from the patient if the services are furnished. In this case, the agency has the option to refuse provision of the service or item.

Estimated Cost Line:

1. The agency may provide the patient with an estimated cost of the items and/or services. The patient may ask about the cost, agency staff should respond to such inquiries to the best of their ability. Example: Original visit frequency was PT 2x/wk9. At week 4, the PT visits are decreased to 1x/wk. The patient wants to continue with the 2x/wk visits and signs to be responsible for payment. Five weeks are left in the episode with a variance of one visit per week (down from 2xwk to 1xwk) - multiple \$150.00 (cost of PT visit) x 5 visits (5 weeks remain in episode) = \$750.00.
2. The lack of an amount on this line, or an amount which is different from the final actual cost, does not invalidate the HHABN; an HHABN will not be considered to be defective on that basis.
3. In the case of an HHABN that includes multiple items and/or services, it is permissible for the staff to give *estimated amounts* for the individual items and/or services rather than an aggregate estimate of costs.
4. *Amounts may be provided either with the description of items and services or on the "Estimated Cost" line.*

Form Options:

1. **HHABN Option 2 / Form #2 (DHEC 1651A)** is used only when the Agency decides to stop providing certain item(s) and/or service(s) or when care/service is being reduced because of financial reasons or for other reasons unrelated to the beneficiary's Medicare coverage. Example: Use Option 2 / Form #2:
 - a. Agency terminates or reduces care/services because of financial reasons
 - b. Staff are no longer available to make visits
 - c. Safety issues
 - d. Patient/caregiver non-compliance.
2. **HHABN Option 3/Form #3 (DHEC 1651B)** is used when the agency stops providing certain items and/or services due to lack of a physician order, but other care continues.
3. **HHABN Option 1 / Form # 1 (DHEC 1651)** is used in all other cases.

See form instructions for process to complete forms.

Date of Approval: May 2003 (original policy # was 2281)

Date of Revisions: August 2006

- Policy number changed to #3135 since forms related to this policy will be filed in the medical record rather than the financial record.
- Entire policy was revised due to new published mandates from CMS concerning this issue that came out in the Spring/Summer of 2006.

Date of Revisions: August 2008

- Policy statement revised for clarity
- Triggering events: Reduction in Services examples 2b, d and e added
- Termination of Services: examples added
- Situations when HHABN is not required - #7 and 8 added
- Estimated Cost Line - #1 dollar amounts revised
- Form Options: 1 examples a thru d added

**Subject: 3136 Notice of Medicare Provider Non-Coverage (Generic Notice)
and Detailed Explanation of Home Health Non-Coverage**

Policy Statement:

Medicare patients and/or their authorized representative are entitled to proper notification of anticipated discharge. Additionally, patients and /or their authorized representative have the right to appeal discharge decisions.

Regulation:

Procedure:

Notice of Medicare Provider Non-Coverage – “Generic Notice” (DHEC 1573)

1. If the patient's payer is Medicare, a Notice of Medicare Provider Non-Coverage – “Generic Notice” (DHEC 1573) is required to be delivered at least two days prior to the anticipated discharge date.
2. A clinician will hand deliver a DHEC 1573 to the patient. This form must include the following information:
 - a. Patient's name
 - b. Medicare number
 - c. Expected date of agency termination
3. The DHEC 1573 may be given as soon as the termination date is known; however, it must be given no later than two days before the proposed end of the services.
4. A copy of the signed DHEC 1573 must be left with the patient and another signed copy must be filed in the medical record.
5. If a patient refuses to sign the notice, a statement must be written on each copy of the notice indicating patient's refusal to sign. In this case, the date of refusal is considered the date of receipt of the notice. A copy of the notice is left in the home and the original is returned to the office for filing in the medical record.
6. The patient must be competent in order to understand and sign the notice. In situations involving incompetence, the DHEC 1573 must be delivered to the patient's authorized legal representative whenever possible.
7. If it is not possible to deliver the notice to the authorized representative, the representative must be phoned to advise him/her when the patient's home health services are no longer covered. The patient's appeal rights must be explained and the name and telephone number of the appropriate quality improvement

organization (QIO) must be provided to the representative. A document communication must be written to include:

- a. Name of authorized representative that was contacted
 - b. Phone number of authorized representative
 - c. Authorized representative was made aware of Notice of Medicare Provider Non-Coverage
 - d. Appeal rights were explained to representative
 - e. Name and phone number of Quality Improvement Organization (QIO) was given to authorized representative.
 - f. A "Notice of Medicare Provider Non-Coverage" was sent by certified mail to the authorized representative. File the copy of the receipt of certified mail in the medical record.
8. If it is necessary to change the date of termination that was originally written on the Notice of Medicare Provider Non-Coverage, use the following guidelines:
- a. On the agency copy of the DHEC 1573, draw a single line through the termination date and write the new termination date above or beside the deleted date.
 - b. Write the words "Notice Amended" on the form
 - c. Date and sign the entry
 - d. Verbally notify the patient that the Notice termination date has been amended
 - e. Provide or mail a copy of the amended notice to the patient
 - f. Place the amended notice (original with revisions) in the patient's medical record.
9. If the agency learns about a discharge and no further visits are scheduled (e.g. MD calls agency and requests discontinuation of services), it is preferred to hand deliver the DHEC 1573 and obtain the patient's (or authorized representative) signature when travel time / expense permit. However, the generic notice can be issued via a phone call when necessary using the following procedure. (NOTE: This procedure should not be used when a clinician fails to deliver a notice in a timely manner).
- a. Clinician calls the patient (or his/her authorized representative) to explain the generic notice and assesses their understanding of the reason for discharge from home health services. Clinicians should document specifics of what was discussed and recalled back to the clinician in a document communication form.
 - b. Two copies of the Notice of Medicare Provider Non-Coverage are sent by certified mail to the patient (or authorized representative), requesting that one copy be signed and returned in the enclosed stamped, self-addressed envelope. The Certified Mail - Restricted Delivery (small area on bottom of the Return Receipt) requires the patient (or authorized representative) to sign upon delivery. The return receipt to the agency proves that the notice was received.

- c. If for some reason the Certified Mail - Return Receipt does not arrive back in the home health office within 2 weeks, the post office should be contacted before starting the process over from the beginning (9.a – c listed above).

Detailed Explanation of Home Health Non-Coverage (DHEC 1572)

1. When the patient disagrees with termination of services, a completed "Detailed Explanation of Home Health Non-Coverage" (DHEC 1572) must be delivered. The DHEC 1572 must be delivered on the same day the agency receives notification from the Quality Improvement Organization's (QIO) that the beneficiary has requested an expedited determination.
2. On the DHEC 1572 a detailed explanation must be provided as to why services are either no longer "reasonable or necessary" or are no longer covered under Medicare coverage guidelines.
3. Information must be provide about the applicable Medicare coverage guideline(s) or Medicare policy that pertains to the specific issue of non-coverage and how the beneficiary may obtain a copy of the Medicare policy/guideline.
4. A copy of the completed DHEC 1572 and requested medical records must be faxed to the QIO on the same date as notification that beneficiary has requested an expedited determination.
5. The patient must be competent to receive the Detailed Notice. In situations involving incompetence, the authorized representative must be notified (by phone or in person) of the reason for discharge and Medicare regulation that impacted the decision to discharge. The DHEC 1572 can be mailed or delivered to the representative.
6. If it is necessary to notify the authorized representative, a document communication must be written to include:
 - a. Name of authorized representative that was contacted
 - b. Phone number of authorized representative
 - c. Authorized representative was made aware of the reason for discharge and the specific Medicare Regulation that impacted the discharge from the agency.
7. It is not necessary to obtain the patient's or the authorized representative's signature on the DHEC 1572.
8. A copy of completed DHEC 1572 must be filed in the medical record.
9. The patient's discharge should be placed on hold until the final decision is rendered by the QIO (this usually occurs in less than 72 hours).

August 2008 Revisions:

Information for this policy was removed from policy 3140 Discharge Planning and a new policy was created for clarity/ease of use.
Few editorial/grammatical revisions made for clarity.

Subject: 3140 Discharge Planning

Policy Statement:

Discharge planning is initiated for every Home Health Services' patient upon admission to Home Health Services and continues until services are no longer provided.

Regulation: CFR 484.55(d)(2); G340
CFR 484.55(d)(3); G341
CFR 484.18(a); G159
42CFR 405.1200(b)

Procedure:

Planning for Discharge

1. On the initial visit and throughout care, the Home Health Services worker(s) prepares the patient for discharge. In doing so, they:
 - a. Assess the patient's discharge potential during the initial assessment and thereafter.
 - b. Document initial discharge plans on the patient's plan of treatment (485) (See HHS Policy 3070).
 - c. Provide information regarding the patient's discharge potential at ongoing patient conferences (See HHS Policy 3060).
 - d. Consult with the patient and family regarding plans for discharge.
 - e. Serve as a referral source for the patient and family in obtaining community resources and support.
 - f. Document patient progress or lack of progress throughout the time the patient is on service.
2. Home Health Services workers will inform their nursing supervisor or his/her designee in the event major problems arise in the discharge planning process.

Discipline Discharge

1. When a patient is discharged from a particular discipline and other skilled service(s) continue, the discharging home care worker will:
 - a. Notify the physician by telephone, fax, or face to face of the discharge and document that the physician was notified. A Verbal Order is not needed for discharge.
 - b. Complete the discipline specific Discharge Summary in Encore. Only the form done by the last discipline discharging is sent to the MD (see Agency Discharge # 7 below). Other discharge forms are maintained in the clinical record.
2. If the patient is in the hospital on the last day of their 60-day period, each discipline completes their discipline specific discharge document and the episode is closed.

Agency Discharge

1. When a patient is being discharged from the Agency, the case manager will communicate with the MD that the patient is ready for discharge from home care.
2. If the patient's payer is Medicare, at least two days prior to the anticipated discharge date a Notice of Medicare Provider Non-Coverage - "Generic Notice" (DHEC 1573) must be delivered. Refer to Policy 3136
3. If after receiving a "Generic Notice" (#2 above) a patient requests an expedited determination from the Quality Improvement Organization (QIO), a Detailed Explanation of Home Health Non-Coverage form (DHEC 1572) must be delivered Refer to Policy 3136.
4. The last active skilled discipline will complete the Discharge OASIS on their last visit via their discipline specific discharge document. In the event that 2 disciplines discharge on the same day, they should coordinate who will complete the OASIS.
5. Specific patient discharge instructions are documented on the DHEC 1632, "Final Discharge Instructions For The Patient" and given to the patient and/or caregiver.
6. The Encore Agency Discharge form should be completed by the team leader or designee. The agency discharge date should be the date of the last billable visit to the patient.
7. A MD order to discharge from the agency is not necessary. The last discipline discharge form (auto-printed) and the "Goals History" form (demand printed) should be mailed to the physician. These documents provide a comprehensive picture of the patient for the entire course of treatment. No other forms are sent to the physician upon discharge from the agency.

Date of Approval: 11/03

Date of Revision: 8/05

Procedure: 5b-5f added procedure for Expedited Notice (Generic and Detailed)

Date of Revision: 11/05

Procedure: 5b- #8 added to policy (Discharge with no additional visits)

Date of Revision: August 2008

Headings added

The Interrupted Service procedure (transfer and resumption of care) removed from this policy and separate policy created (3085)

Procedure for the Notice of Medicare Non-Coverage removed from this policy and separate policy created (3136)

Few editorial/grammatical revisions made for clarity.

Subject: 3150 Patient Transfer into a DHEC Home Health Agency

Policy Statement:

DHEC Home Health Services will facilitate appropriate transfers of patients within the home health care provider system.

Regulation: HIM-II section 201.8E and section 440

Procedure:

1. When a patient requests permanent transfer from a non-DHEC home health agency into a DHEC home health agency:
 - a. the patient will be admitted if the condition or situation of the patient continues to meet the criteria for acceptance of patients to DHEC Home Health Services (see Policy 3010 Patient Case Management).
 - b. the patient must be discharged from the transferring home health agency and admitted to DHEC (see Policy 3010).
 - c. the patient's record will be managed according to Home Health Services Administrative Policy 4070: Transfer Between Home Health Agencies.
2. When a patient requests temporary transfer from a non-DHEC home health agency for one (1) week or less or for three (3) visits or less, the DHEC agency will:
 - a. assess the patient's condition and determine the appropriateness of a short-term admission.
 - b. provide consultation to the patient and caregivers regarding community resources and other appropriate services available in the area when the patient is not admitted.

Date of Approval: November 2002

Date of Revision: May 2006 "district" changed to "agency".

Date of Revision: August 2008

Title revised to delineate transfers into DHEC

First sentence from policy statement deleted.

#1 revised to specify transfer from non-DHEC to DHEC

Subject: 3160 Decision to Terminate Services

Policy Statement:

Patients may be discharged from Home Health Services by the physician, the agency, or at the request of the patient or family.

Regulations: Conditions of Participation: 484.48; G303; CHAP Home Health Standards: HHII.3h

Procedure:

Termination of services may occur when:

1. Patient no longer meets the homebound criteria. Depending on the payer, services may be provided to patients who do not meet the homebound requirement in cases where the home is the most efficient and effective place for service delivery.
2. Patient is no longer under the care of a physician.
3. Patient no longer needs part-time or intermittent skilled nursing, physical therapy, speech therapy and/or occupational therapy.
4. Patient's medical, nursing, and social needs cannot be met by the home health services staff in the patient's place of residence.
5. Home health services are no longer necessary and reasonable for the treatment of the patient's illness or injury.
6. A family member or substitute family member is no longer willing or able to participate in the patient's care.
7. Treatment objectives (goals, expected outcomes) are attained, or are no longer attainable.
8. A change in the patient's condition requires care or services other than that provided by the agency.
9. Patient and/or patient's family refuse(s) to cooperate in attaining treatment objectives or refuse further services.
10. When the home health services staff's safety is at risk. Attempts will be made to arrange alternative care.
11. Patient moves out of the service area.

12. Physician fails to give orders.

13. Patient expires.

Approved/Revision: July 1992

Revised August 2007:

Procedure #1 "Depending on the payer," added to the first part of the second sentence.

Date of Revisions: August 2008

Title changed from Termination of Services
Editorial Revisions only

Subject: 3180 Notification of Patient Death

Policy Statement:

When there is either a written Do Not Resuscitate (DNR) order or the patient is terminally ill and palliative care is documented with an advanced directive, home health staff who are present when vital signs cease or who present to the home after vital signs cease, will notify all necessary parties according to State law and in cooperation with the coroner's office.

Standards:

1. Only a physician or coroner pronounces a patient's death.
2. If a Home Health worker (other than a registered nurse) is present in the patient's home when/after vital signs cease, s/he must notify the team leader / unit manager who will then assure that the home health case manager, responsible caregiver, patient's physician, and county coroner are notified.
3. When a home health registered nurse is present at the patient's home when/after vital signs cease, s/he will notify the responsible caregiver, physician and the county coroner.
4. When a Home Health worker is not present when vital signs cease, but is telephoned by the caregiver afterwards, s/he will determine if a visit is needed to support the caregiver. If no visit is necessary, the caregiver will be advised to notify the patient's physician and the coroner.

Regulations:

State Law: Title 17- Criminal Procedures
Chapter 5- Coroners and Medical Examiners
Section 17-5-5 to 17-5-610
SC Code of Laws Section 44-29-20

Procedure:

1. If the Home Health registered nurse is present when vital signs cease or a home visit is made following notification, the nurse;
 - a. verifies the absence of the patient's blood pressure, pulse, and respirations
 - b. contacts the responsible caregiver, physician and the county coroner's office to report the status of the patient. The following information, if available, should be provided to the coroner:

- 1) patient's name and address
 - 2) patient's date of birth
 - 3) responsible family member name, address, and phone number
 - 4) physician's name
 - 5) date and approximate time when vital sign ceased
 - 6) if the patient was infected with a contagious disease and precautions that should be taken when handling the body
 - 7) patient's funeral home name, address, and phone number
- c. gives support to the family
 - d. notifies the other home health staff involved in the plan of care
 - e. after confirmation of death from the coroner or MD, documents the patient's death and other pertinent information in the patient's clinical record on the Discharge Summary
2. If concerns or problems arise that the Home Health Services registered nurse is not able to handle, s/he should contact the Home Home Health Nurse Administrator.

Reference:

<http://www.scstatehouse.net/code/titl17.htm>

Approved/Revision: November 1995

Date of Revision: February 2008

Title changed from Patient Death

Policy statement revised to address DNR/terminal patients only.

Standards:

#1 moved from end of document to this area and others renumbered

#2 revised to read contact supervising nurse only. Nurse will contact MD.

Procedures:

1 b4 removed duplicate of #1b3

1 b7 use of toe tag removed.

1d added

1e removed from #1 and made procedure #2.

Subject: 3190 Two Home Health Agencies Serving One Patient

Policy Statement:

DHEC Home Health Services will not knowingly serve a patient that is currently being served by another home health agency in order not to duplicate services.

Regulation: HIM-II Section 439

Procedure:

1. If a DHEC home care worker discovers another agency is also providing home care, the DHEC unit supervisor will be notified. The DHEC case manager or their supervisor will contact the patient/caregiver to determine which agency should continue to provide care and will conference with the supervisor of the other agency regarding the patient / caregiver's decision.
2. If the patient's payer is Medicare, a partial episode payment would be an issue and billing should be coordinated with the other agency.
3. When it becomes known that another home health agency is involved in the patient's care, coordination between clinical, administrative, and accounting staff is imperative.
4. Because of consolidated billing requirements, DHEC Home Health may contract with other agencies as needed to meet the needs of a Medicare client. See the HIM-11 for details.

Date of Revision: May 2008

Few editorial changes

Old # 4 removed – refer to Acceptance of Patients (3010)

Old # 5 removed – refer to discharge policy (3140)

Subject: **3200** Acceptance of Patients with End State Renal Disease

Policy Statement:

DHEC Home Health Services serves patients with end stage renal disease (ESRD) on an individual basis to prevent duplication of services and to assure quality of care.

Regulation: HIM-11: 252
 Medicare Training Manual – 6.1.1.11 ESRD

Procedure:

1. Referrals of patients with ESRD (end stage renal disease) will be accepted based on the needs of the patient and whether or not care needs are directly related to the patient's dialysis. Any service that is directly related to the individual's dialysis is excluded from coverage under the Medicare home health benefit.

Ex. 1 – Shunt dressing care would not be considered a covered home health service since the shunt is directly related to the ESRD and the care of the shunt is the responsibility of the ESRD clinic staff. However, care of an abandoned shunt site would be covered for home health services.

Ex. 2 – Care of decubitus ulcers would be considered a covered home health service as it does not related to the patient's ESRD.

2. For cases in question, agencies should consult with the Medicare fiscal intermediary regarding coverage or non-coverage of services.
3. If the condition for which the patient is being treated is unrelated to the renal condition then the patient's third party payer (usually Medicare) should be billed.
4. If the ESRD clinic desires to contract with the home health agency to provide in home care for dialysis related conditions, then this should be arranged.
5. If it is not possible to develop a mechanism to have dialysis related care covered by either the ESRD clinic or another third party payor then the agency should apply the indigent care policy to the particular case and contact the Program Integrity Department of the intermediary.

Date of Revision: **August 2008**
 Few editorial changes
 Medicare Training Manual added as reference

Subject: 3210 Home Health Patient Bill of Rights

Policy Statement:

Staff providing services to home health patients will protect and promote the rights of each individual under their care as specified in the Patient Bill of Rights. All agency personnel will respect the rights of patients. To provide for more effective patient care, greater satisfaction of the patient, and enhanced patient and staff relationships, the Patient Bill of Rights will be communicated to all patients prior to the provision of the first service

Regulations:

Community Health Accreditation Program (CHAP) Core CI.6b, c, d, e
Conditions of Participation: 484.10(c)
Gtag 102- Gtag116

Procedure:

1. During the initial evaluation visit and before care is provided, the Patient Bill of Rights will be explained to the patient or the family/caregiver. In the case of a minor or an individual judged to be incompetent or unable to understand, the Patient Bill of Rights will be explained to the guardian / family. The admitting clinical staff person is responsible for this activity.
2. If the patient/family/guardian does not appear to understand the language of the Patient Bill of Rights, language should be substituted which may be better understood yet conveys the same message. If the patient /family / guardian still does not comprehend, a notation should be made in the clinical record.
3. In order to comply with the intent of the law relating to patient's rights, the following activities must occur.
 - a. Services the patient is to receive must be explained to the patient/family/guardian initially and at any time changes are made in the care plan. A summary of these discussions will be documented in the clinical record. Examples of changes that need to be discussed and documented are: changes in visit frequency, addition or deletion of a service from the plan, plans for recertification and plans for discharge.
 - b. The proposed service delivery schedule must be communicated for each discipline included in the plan of care. (Refer to policy 3071)

- c. Options for alternative courses of action that are in compliance with the physician's plan of care but may better meet the specific needs of the patient/family/guardian may also be discussed,
- d. The Emergency Plan (DHEC 1634) must be reviewed with the patient/family/guardian and placed in a visible, accessible location in the patient's home. The Emergency Plan is necessary to document information that the patient/family/guardian may need in order to access assistance after hours or in an emergency situation. This form is also reviewed after any hospitalization and as often as needed based on the patient situation. Changes will be made to the original that remains in the patient's home and noted on the copy in the clinical record. If needed, a new Emergency Plan is completed as appropriate.
- e. The staff member should inform the patient/family/guardian about payment for the services and medical supplies that can be expected from third party sources such as Medicare and Medicaid or private insurance. If the patient/family/guardian will be responsible for all or part of the charges, then this information should be conveyed to them prior to rendering the first service. If a third party is expected to pay for services in full or part, but later denies payment, the patient must be given written and verbal notification within 30 days of payer denial. If there is a change in coverage, e.g., a Medicare denial, then the usual Medicare notice of non-coverage (DHEC 1651) should be sent according to current procedures. See Admin Policy 3140.
- f. The patient/family/guardian is to be informed of the right to voice concerns or complaints regarding the services. The name and telephone number of the appropriate region/county home care supervisor should be written on the Bill of Rights form.
- g. The patient/family/guardian must also be informed of the right to file a complaint if there are concerns, which he/she chooses not to address with agency staff, or if there are questions regarding the agency. They may elect to contact the State Home Health Hotline and/or the Community Health Accreditation Program (CHAP) Hotline. These telephone numbers are included in the Patient Information Booklet provided at admission.
- h. The patient/family/guardian must be informed of the patient's right to establish advance directives.
- i. The patient/family/guardian must be informed of the patient's right to choose the home health agency of his/her choice.

Date of Approval: November 2002

Date of Revision: May 2006

Procedure:

ER Plan reviewed at recertification changed to after hospitalization

Wording in 3e and 3g revised for clarity.

CHAP added to 3g.

Date of Revision: **August 2008**

3e Admin Policy number added for reference

District changed to region.

Subject: 3220 Patient Self-Determination

Policy Statement:

Before care is furnished, each adult patient will be informed of his/her right to make decisions regarding medical care, including the right to accept or to refuse medical treatment (see HHS Policy 3221) and the right to formulate advance directives. Care will be provided on a nondiscriminatory basis whether or not the patient has executed an advance directive. Staff and the community will be educated about issues of patient self-determination, including advance directives.

Regulation: CFR 484.10; Omnibus Budget Reconciliation Act of 1990- Sections 4206 and 4751; State law Death with Dignity Act; the Adult Health Care Consent Act; and the Emergency Services Non Resuscitation Order Act care decisions.

Procedure:

1. During the admission visit, before care is furnished, the home care worker will inform the patient of his/her right to self-determination, including the right to accept or to refuse treatment (see HHS Policy 3221) and the right to formulate advance directives.
2. If the patient is not able to understand the nature and the implications of his/her condition to make health care decisions and does not have an advance directive, the admitting discipline must inquire as to whether there is a guardian, an attorney-in-fact, or some other person appointed by statutory provision to make decisions for the person. If there is a person appointed, the legal document to this effect should be verified and a notation made on the Admission Authorizations and Consents Form (DHEC 1571) and in the Assessment History Form---Emergency Contact tab----Emergency Contact field -----Relation to Patient----select title of person authorized to make healthcare decisions. If there is no such appointment, decisions will be made in the stated order of priority as specified in the Adult Health Care Consent Act (section 44-60-30).
3. If the patient, who was incapacitated at the time of admission, later regains consciousness, information about the right to formulate advance directives will be given at that time. When consciousness is regained, it will be necessary to explain/discuss contents of the Patient Information Booklet (DHEC ML-025157) and to have the Admissions Authorizations and Consents Form (DHEC 1571) signed and dated by the patient, with revisions to the Emergency Plan (DHEC 1634) as appropriate. Document changes also in the NCV in the Assessment History Form under the section Emergency Contact and DNR/Specific Instructions.

4. Information concerning the patient's right to self-determination is incorporated into the Bill of Rights, which is left in the home and signed by the patient/surrogate and staff person during the admission visit. Written material about formulating advance directives, including a description of the State law and a fact sheet about DHEC's policies, is also given to the patient/surrogate at this time. (Patient Information Booklet (DHEC ML-025157) and (DHEC 1571))
5. Any advance directives, guardianship, attorney-in-fact, or other provisions for health care decisions are noted on the Admission Authorizations and Consents Form (DHEC 1571). A copy is left in the home and the original is placed in the patient's clinical record.
6. Health care wishes and advance directives are communicated to the health care team and recorded on the Admission Authorization and Consents Form (DHEC 1571). A copy is left in the home and the original is placed in the patient's clinical record.
7. The home care worker coordinates with the physician (through the case manager) and the health care team to ensure that the patient's health care wishes and advance directives are carried out. An order to activate the directive is obtained and incorporated into the patient's plan of care once the patient's condition has been certified by two physicians, as required by law. If a patient is pregnant, the living will document is not effective and may not be activated during the course of the pregnancy.
8. If the patient/family needs help to understand the patient's health care options or the advance directive forms, the home health care worker will assist or refer the patient to an individual or organization for assistance.
9. Any change in advance directives which the patient makes known to the home care staff should be communicated to the physician, noted on the Admission Authorizations and Consents Form (DHEC 1571), and documented in the patient clinical record.
10. All staff will be educated about patient self-determination and advance directives through orientation and as needed. In addition, education to the community will be provided, including but not limited to, information available at home care displays.
11. The patient/family can register complaints concerning the advance directive requirements through the home care agency's hot line. The patient receives the hot line number on admission to Home Health Services.

02/02/05

Procedures

1. Policy 3221 reference added
2. DHEC 1571 added and revised to include documentation in Assessment History section of NCV.

3. revised to include DHEC 1571 and Patient Information Booklet
4. Patient Information Booklet and DHEC 1571 reference added
5. DHEC 1571 information added
6. DHEC 1571 information added
9. DHEC 1571 information added

Subject: 3221 Do Not Resuscitate Orders

Policy Statement:

An adult patient, or a surrogate for a patient under the Adult Health Care Consent Act, or an agent named by the patient in a health care power of attorney has the right to determine if the patient will receive resuscitative treatment in the event of a cardiac or pulmonary arrest. The patient's decision must be communicated to the physician who may provide a "Do Not Resuscitate" (DNR) order for the Home Health staff to incorporate into the plan of treatment.

Regulations:

Emergency Services Non-Resuscitation Order Act (Title 44, Chapter 78 of the 1976 SC Code as amended).

Procedure:

1. During the admission visit the home care worker will discuss the patient's/surrogate's/agent's health care wishes should a life-threatening situation occur.
2. If the patient does not wish to be resuscitated in the event of a cardiac or pulmonary arrest, the physician will be notified of the patient's request so that a "Do Not Resuscitate" (DNR) order may be obtained. The DNR order must be signed by the physician before being incorporated into the treatment plan.
3. The patient's wishes to withhold resuscitation will be communicated to the home care team as soon as possible and documented in the patient clinical record. The date, personnel, and content of the discussion will be included. The DNR status should be documented in Novius Clinical in Assessment History---Emergency Contact tab---in the DNR specific instructions look-up section.
4. The decision of the patient/surrogate/agent regarding DNR will be periodically reviewed. This review will be communicated to the physician and the home care team, and documented in the patient clinical record. The DNR order must be renewed by the home care worker upon recertification.
5. If the patient chooses to revoke the DNR decision, the patient's wishes must be followed. The physician will be notified immediately, and a new verbal order obtained. All members of the home care team will be notified as soon as possible.

6. The patient/surrogate/agent will be informed that an Emergency Medical Services Do Not Resuscitate form (EMS DNR) may be obtained from the physician and executed by the physician and the patient. This form alerts emergency medical personnel of the patient's wishes to withhold resuscitation. (Pamphlets are available to assist with discussion of the EMS DNR)
7. The EMS DNR form must be placed in a location in the home where the document is easily observed and recognized by the EMS personnel.
8. The EMS DNR order may be revoked at any time by the oral expression of the patient to EMS personnel or by the mutilation, obliteration, or destruction of the EMS DNR form in any manner.

02/02/05 **Procedures:**

3. added where to document DNR status

HOME HEALTH SERVICES
POLICY AND PROCEDURE
CLINICAL RECORD
SECTION 4000

Last Revision:

4010	Patient Clinical Record	May 2008
4020	Patient Clinical Record Chart Order	August 2008
4030	Definitions and Time Frame for Documentation of notes and Summaries	August 2008
4050	Patient Clinical Record Retention and Protection	May 2006
4060	Release of Information/ Confidentiality	August 2008
4070	Transfer of Records Between DHEC Agencies	August 2008
4080	Record Revisions	November 2002

Subject: **4010** Patient Clinical Record

Policy Statement:

The Home Health patient clinical records are maintained in accordance with accepted professional standards and Medicare's Conditions of Participation and DHEC Records' Management.

Home Health Care professionals document the care given during each home health care visit in Encore Clinical View (ECV). The laptop is communicated daily at appointed time to ensure most current documentation is filed in records and all disciplines involved in the care of the patient has updated information in the assigned laptop.

The clinical record documents the service the agency provides directly and through arrangements with another agency or individual. The record is a vital document which provides a permanent and continuous record of home health care observations, interventions, and outcomes. It also provides evidence that the care was needed and that orders were carried out.

Regulations: Conditions of Participation: 484.18b-c; 484.48
 G 236
 CHAP HHII.8a

Procedure:

1. Patient clinical records contain (as appropriate):
 - a. referral source
 - b. client data base including physical assessment data, psychosocial data and family profile,
 - c. patient plan of care and verbal orders
 - d. functional assessment of ADLs (activities of daily living) and IADLs (instrumental activities of daily living)
 - e. assessment of home environment and safety factors,
 - f. physician's name, address and phone number
 - g. prognosis, rehabilitation potential and plans for discharge
 - h. physician orders for medications, diet, treatment and activity,
 - i. signed and dated progress notes/clinical notes (may be electronic signature) written on the day the service is rendered and incorporated in to the record no less often than every 7 days,
 - j. copies of correspondence from community agencies as appropriate
 - k. individualized emergency plan and emergency contacts
 - l. Patient Bill of Rights
 - m. Patient Services Agreement
 - n. Shelter form as appropriate
 - o. patient admission authorization and consents

- p. legal representative as appropriate
 - q. written indication of any client advance directives
 - r. clinical summaries: sixty day, inpatient transfer, resumption of care and discharge summaries
2. Home Health Care workers document using the following principles:
 - a. Use permanent black ink. (allergies may be in red. Place allergy label on front of record.)
 - b. The patient's name and ID number must appear on every record page.
 - c. Every entry must be legible, signed by first initial, last name and title. (electronic signature is acceptable for designated forms in the Electronic Signature Process in ECV)
 - d. No erasures or obliterations are allowed. If an error is made, draw one line through the error, then date and initial the correction. Add the note explaining why this is incorrect (if needed). If errors are made in the ECV daily visits, make corrected notation in addendum.
 3. A chart order of content is maintained for each patient clinical, following Policy and Procedure 4020: Patient Clinical Record Chart Order.
 4. Patient clinical records are retained and protected following Policy and Procedure 4050: Patient Clinical Record Retention and Protection, and Policy and Procedure 4060: Confidentiality, as well as the current Comprehensive Health Records Manual.
 5. Patient Clinical records are transferred between DHEC agencies following Policy and Procedure 4070: Transfer of Records.
 6. Acceptable abbreviations as found in the ECV abbreviation list should be utilized. Generally accepted medical dictionary abbreviations may also be used. You may also write an abbreviation after it is spelled out one time as noted in the Comprehensive Records Manual.
 7. Patient clinical records are reviewed to insure that established policies and procedures are followed in providing home health care services and to determine the adequacy of plans of care and the appropriateness of continuing care,
 8. Documentation in the ECV is done using the Encore Clinical View processes.

Date of Approval: November 2002

Date of Revision: May 2006

1a thru 1r reviewed/revised to more closely match CHAP regulations

Date of Revision: May 2008
NCV/Novius changed to ECV/Encore

Subject: 4020 Patient Clinical Record Chart Order

Policy Statement:

All Patient clinical records are maintained according to a defined chart order to facilitate convenient and expected access to patient clinical record forms.

Regulation: Conditions of Participation: 484.48
G 235, G236

Procedure:

1. Patient clinical record forms are filed in the appropriate clinical record tabs. The most recent form is on top.
2. If a report is made to Protective Services the DHEC 3604 should be completed and filed in the home health record after the Financial/Administrative section under a red divider marked "Protected Information." (refer to DHEC Administrative Policy: Documenting and Reporting Suspected Abuse/Neglect)
3. Active and inactive patient clinical records are maintained in the following order:

Section I (On top of referral/plan of treatment divider):

- Bottom: 1) Supply Requisition forms can be kept in Medical Record until Billing occurs – **OPTIONAL**
- Top: 2) Copies of verbal orders. (The copies are to be destroyed upon receipt of the signed original.)
- 3) Copies of 485 (To be destroyed upon receipt of signed original)

Section II – Referral/Plan of Treatment

- Bottom: 1) Referral and Admission Information Form (Encore generated intake form. The intake worksheet can be shredded after data entry)
- 2) Admission/OASIS SOC:
- Medication list
 - Admitting Discipline's Assessment (Only the assessment of the discipline that did the admission goes here. The other disciplines' assessments go behind their discipline tab)
 - Functional Assessment
 - Assessment History/ECV ER Plan
 - Referral clinical
 - Referral demo
 - (Med list should be bottom of the OASIS packet and referral demo on top – stapled together)
 - OASIS General Edit Report (If changes are made to an OASIS that has been locked, make a copy of the modified OASIS and print screen the "OASIS modification reason form". File the modified

OASIS on top of the original.) See the ECV Process on OASIS Corrections in the Process Manual.

Certification HCFA - 485 series

HCFA 485 Certification

"Discipline Assessment Verbal Order"

"Verbal Orders"

"Transfer Summary" – with few OASIS questions as appropriate.

Usually 1-2 pages

"Other FU/Significant Change in Condition" or "Resumption of Care"

OASIS {includes on the bottom: med list, Other Follow-Up or Resumption of Care OASIS printed from Reports: OASIS Survey}

Forms included in the quotation marks are to be placed in the record in date order for the current certification period with the most recent document on top. If Referral demo, clinical, assessment hx, or functional assessment is updated between OASIS surveys, it should also be filed in this section.

3) Recertification/OASIS

OASIS Follow-Up printed from Reports: OASIS Survey

4) HCFA Recertification 485 series

HCFA 485 Recertification

"Discipline Assessment Verbal orders"

"Verbal Orders"

"Transfer Summary" – with few OASIS questions as appropriate.

Usually 1 – 2 pages.

"Other FU/Significant Change in Condition" or "Resumption of Care"

OASIS {includes on the bottom: med list, Other Follow-Up or Resumption of Care OASIS printed from Reports: OASIS Survey}

Forms included in the quotation marks are to be placed in the record in date order for the certification period with the most recent on top. If Referral demo, clinical, assessment hx, or functional assessment is updated between OASIS surveys, it should be filed in this section.

5) Discharge/OASIS:

(bottom) Medication list

OASIS Discharge printed from Reports: OASIS Survey

Care Plan Goals History – copy sent to Physician with DC Summary

Agency Discharge

Discharge Instruction sheet (DHEC 1632)

Top: Notice of Medicare Provider Non-Coverage (DHEC 1573)

Detailed Explanation of Home Health Non-Coverage (DHEC 1572)

Section III - Conference/Coordination

Bottom: DHEC 1610c Referral Form for HHS (Internet Fax Referral)

Other external Communication

Document Communication Forms

When to Call DHEC (DHEC 1634)

Acute Care Hospitalization Risk Tool

Top: Patient Status Form (Only retain most current copy. Discard previous version when updated version prints)

(All like documents should be filed together in date order. Ex: all doc comms filed together with newest date on top)

Section IV – Nursing

Bottom: Pediatric Growth Grid

Medication listing with history (Optional)

Teaching packet/information

Medication Listing printed between OASIS visits

SN Physical Assessment (when not admitting discipline)

SN Plan of Care

Copy of Home Care Plan (DHEC 1574)

SN Clinical Notes (File wound pictures behind appropriate visit note)

Top: SN Discharge

(All like documents should be filed together in date order. Ex: All SN plan of care are filed together with newest date on top, then all SN Clinical Notes together with most recent on top, etc.)

Section V – Home Health Aide

Bottom: Home Health Aide referral Report (Demand Report)

HA Care plan

Copy of Home Care Plan (DHEC 1574)

HA Supervisory visits – laptop documentation by RN

Home Health Aide Visit Documentation

Top: HA Discharge

(All like document should be filed together in date order. Ex: all HA Care Plans are filed together with newest revision on top, then all HA Supervisory visits together with most recent on top)

Section VI – Medical Social Services

Bottom: SW Assessment

SW Plan of Care

Home Program (DHEC 1690) (optional)

Copy of Home Care Plan (DHEC 1574)

SW Clinical Notes
Top: SW Discharge
(Any standardized assessment tool, such as the Geriatric Depression Scale, should be placed beneath the SW Care Plan if completed on the initial visit or beneath the Clinical Note for the appropriate date)

Section VII – Occupational Therapy

Bottom: OT Clinical Assessment
OT Plan of Care
Home Program (DHEC 1690)
Copy of Home Care Plan (DHEC 1574)
OT Clinical Notes
Top: OT Discharge

Section VIII – Speech Therapy

Bottom: ST Clinical Assessment
ST Plan of Care
Home Program (DHEC 1690)
Copy of Home Care Plan (DHEC 1574)
ST Clinical Notes
Top: ST Discharge

Section IX – Physical Therapy

Bottom: PT Clinical Assessment
PT Plan of Care
Home Program (DHEC 1690)
Copy of Home Care Plan (DHEC 1574)
PT Clinical Notes
Top: PT Discharge

Section X – Dietary

Bottom: NU Assessment
NU Plan of Care
Home Program (DHEC 1690)
Copy of Home Care Plan (DHEC 1574)
NU Clinical Notes
Top: NU Discharge

Section XI – Lab Reports

Section XII – Financial/Administrative

Bottom: Managed Care External Authorizations
DHEC 2022, 2023, 2024, 2025 as appropriate (HIPAA related forms)
Home Health Advanced Beneficiary Notice (1651 or 1651A)
Consent to Release Information (DHEC 1623)

Top: Original Copy of the Admissions Authorization and Consent Form (DHEC 1571)
(Fax confirmation and fax cover sheets filed in date order behind DHEC 1623 or DHEC 1571)

Section XIII – Protected Information / Red Divider

Protective Services Report Form (DHEC 3604)

Section XIV – Previous Admission (OPTIONAL)

Place previous admissions here, with dividers for each episode with the most recent admission on top.

3. Discharge records may be removed from the three ring binders, secured in a manila chart folder and stored according to region procedures. Ring binders and dividers may be reused. Chart Order should be maintained.
4. The following forms will be housed in the Financial Record. These forms were previously housed in the Clinical Record. Please refer to Admin Policy 2080 for further explanation.

Rate Negotiated Form (If Applicable) – Form can be initiated in Central Office or County Office. If initiated in County Office form should be faxed to Central Office for rate negotiation. Form will be faxed to the County Office AND to the Region HHS Accounting Office after the rates have been negotiated with the Managed Care Company.

Patient Financial Data Base (DHEC 174) – Financial information will be obtained and verified by administrative staff prior to the initial visit. Administrative staff will validate the information for accuracy in DDE and/or MMIS. Administrative staff will then enter and/or update financial data in the Encore System prior to the Admission visit. The original DHEC 174 will be sent to the Accounting Office for inclusion in the Financial Record and/or Batch File.

Admission Authorizations and Consent Form (DHEC 1571) - The yellow copy of this form will be filed in the Financial Record with the DHEC 174. (See Administrative policy 2080 for more information)

Benefits Notification Letter- This letter will be initiated by the County Admin Staff after Benefits have been determined. It will be housed in the Financial Record.

Payer Denials (If applicable) – The rebuttal letters will be initiated by the clinicians and sent to the Accounting Staff to house in the Financial Record.

Indigent Care Form (DHEC 1697) (Optional) – This form is an optional management tool for use with patients who have no payer source other than Self Pay.

Printed from ECV, but not used in DHEC HHS charts

- 1) Pay source information – 174 and electronic copy sufficient
- 2) Payer authorizations – These are done on DHEC form or electronically in financial
- 3) Projected Visits – SN,PT,OT,ST,NU,SW,HA
- 4) Employee to Patient Assign
- 5) Supply and Equipment order
- 6) HCFA 485 worksheet – could use as a copy for disciplines wanting a hard copy of the 485
- 7) Plain paper HCFA 485 worksheet
- 8) HCFA 485 via HL7

Non-Certified Chart Order (Except Best Chance Network)

1. As a general rule, forms for the non-certified episode are filed in the same order as they are for the certified episode.
2. When two episodes are open simultaneously for a patient, a paper tab labeled “Non-Certified” is used to divide the certified and the non-certified sections of the record. Behind the paper tab, a duplicate set of plastic tabs is used to separate the various sections of the non-certified episode.
3. For a patient who is simultaneously open to certified Home Health Services and non-certified Family Support Services, the HCFA 485 series forms (HCFA 485, Assessment Verbal Orders, Verbal Orders) for the non-certified episode are filed in the certified section of the record with the HCFA series and orders for the skilled, certified episode.
4. The Agency Discharge Summary for the non-certified episode is filed on top of the referral/plan of treatment section. Discipline Discharge Summaries are filed on top of the appropriate discipline section.
5. If it is known that Clinic services are being provided to a patient who is open in Encore, a sticker should be placed on the front of both the Home Health and the Clinic charts to denote the existence of another record. Clinicians involved should coordinate services. The Encore record is filed and maintained according to the Home Health guidelines.
6. In general, the following forms are required for all non-certified patient records:
 - DHEC 788: Billing/Consent For Treatment
 - DHEC 3775: Client Bill of Rights (Given to patient but not filed in record)
 - DHEC ML-025046: DHEC Privacy Notice (Given to patient but not filed in record)
 - DHEC 1623: Authorization to Release Health Information (Release required for faxing of information to any provider)
 - Clinical Forms as appropriate

Encore Financial Only:

The following are examples of Home Health visits that do not have ECV documentation:

Betaseron/Copaxone	VA Homemaker
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These visits will continue to require a Daily Activity Log so information can be entered into Encore Financial.

Date of Approval: August 2003

Date of Revisions:

02/2005 Procedures

2. Section III- DHEC 1634 added
2. Section IV- *HHA Assessment deleted
*HHA Clinical note changed to read Home Health Aide Visit documentation
2. Section XII- "Fax confirmation and fax cover sheets filed in date order behind DHEC 1623 and DHEC 1571 added "Original Copy of the Authorization/Consent Form (DHEC 1571)" added "Patient Financial Data Base (DHEC 174)" - revised
- Non-certified Chart Order
6.added

Encore Financial Only: Examples Companion Asthma, FCN, PPNBHV, Companion Diabetes, and IASN- deleted.

8/2005 Procedures

2. Section II #3 – Removed Medication List requirement.
2. Section II #5 – Added Expedited Determination Notice and Detailed Notice

5/2006 Procedures

Section XII – Deleted Home Health Advance Beneficiary Notice

8/2006

- Procedure 2 added. Old procedure 2 changed to #3.
 3.Section II #1 – hand copy worksheet removed
 3.Section II #5 – Title of DHEC 1572 and 1573 corrected
 3.Section III – Title of DHEC 1634 revised to be “When to Call DHEC”
 3.Section IV – SN Physical Assessment added
 3.Sections IV through X – added Copy of DHEC 1574 Home Care Plan
 3.Section XII – deleted DHEC 2021 as form is no longer used

Date of Revision: November 2007

Novius changed to Encore
DHEC 1610c added to Section III

Date of Revision: August 2008

Acute Care Hospitalization Risk Tool added to Section III

Subject: **4030** Definitions and Timeframe for Documentation of Notes and Summaries

Policy Statement:

Patient clinical documentation is incorporated into the clinical record in a timely manner to support the most efficient and effective patient care through the use of an up-to-date and accurate clinical record. Patient documentation must meet federal, state, agency and professional standards as outlined in the procedures below.

Documentation should include:

- a. entries that are clear, concise, specific statements of fact and are consistent with policies/procedures
- b. dates, types of intervention, assessment and coordination of care
- c. pertinent medical history
- d. current client status, response to care/services, and progress toward achievement of goals in measurable terms.
- e. medical orders (verbal and written)
- f. changes to the plan of care
- g. reasons for interruption in care/services

Regulations: Conditions of Participation: 484.48, 484.55
G145; G163; G236, G238, G303, G331, G332, G335-341
CHAP HHII.8c

<u>Definition</u>	<u>Computer Form</u>	<u>Process</u>
Evaluation Only Summary (not admitted to home health services/No Admission Summary) - Summary of the evaluation visit when the decision is made not to admit the patient to Home Health Services. It may include the following: date of referral and visit, source of referral, reason for referral, reason not admitted, diagnoses, medications, equipment, description of home situation, summary of problems identified, pertinent findings and any referrals made to other resources. Notify physician/referral source as appropriate.	Document communication form or Reply to Referral	Written on day of the visit and incorporated in the record within 7 days. The home health care worker should conference with the referral source / physician as appropriate and supervisor prior to deciding not to admit.

<u>Definition</u>	<u>Computer Form</u>	<u>Process</u>
Certification Summary - Summary of the patient's status on admission. Data is collected using discipline specific assessment forms. This summary is sent to the physician and, as appropriate, any other DHEC program in which the patient is actively participating.	HCFA Summary / Discipline Clinical Summary Discipline Assessment Verbal Order Form	Should be written the day of the visit and incorporated into the record within 7 days of admission visit.
Clinical Note - Dated, written notation by the home health care worker for each visit made containing clinical assessment findings, description of signs and symptoms, treatment and/or drug(s) given, teaching and patient/caregiver response/recall, and any changes in the patient's physical or emotional condition and appropriate follow up.	Discipline daily visit activity	The Clinical Note should be written on the day of the visit and incorporated into the record within 7 days.
Conference Report Form – Documentation of a conference between a home health care worker and any other party in an effort to coordinate a patient's care. Should include who was involved in the conference, what was discussed and the outcome. Copies may be sent to selected parties currently involved in the patient's care. See Admin Policy 3060.	Document communication form	Written at the time of the conference (following admission to the program, after each discipline assessment, just prior to a new recertification period, upon transfer to an inpatient facility, upon readmission to home care after a hospitalization, ongoing as needed, and prior to discharge from any service). The Document Communication Form is incorporated into the record within 7 days.
Progress Note – Written and dated by each home health care worker, summarizing facts about the care and patient's response over a time period.	Verbal Order; HCFA Summary; Clinical Note addendum area; Daily Note and document communication form	Progress notes are written when there is a significant change in the patient's condition (positive or negative) or a failure of the patient to respond to the plan of care and are incorporated into the record within 7 days.

<u>Definition</u>	<u>Computer Form</u>	<u>Process</u>
Recertification Summary – A collection of pertinent factors from clinical notes and progress notes covering the past 60 days and a plan of treatment for the next 60 days. All disciplines that will continue services should be represented in the recertification summary. The recertification summary is submitted to the physician(s) and a copy is also sent to any DHEC program in which the patient is actively participating.	HCFA Summary / Discipline Clinical Summary	Recert summary is due every 60 days. Discipline summaries are due before the OASIS 5 day window is complete. The Case manager or designee completes the OASIS Follow Up visit in the 5-day window. (See HHS 3081 for details.) Once the OASIS visit is done, the Case Manager readies the HCFA summary in the QAM.
Transfer to Inpatient Facility- A synopsis of the patient's course of treatment, including services provided and health status at the time of inpatient transfer. The name of the facility, date of transfer and reason transfer should be documented if available. Continued needs and/or environmental issues that may impact care should be included. A copy of the transfer is faxed/mailed to the inpatient facility.	Transfer Form	The case manager or designee should complete the transfer summary when a patient is admitted to an inpatient facility for more than 24 hours. The case manager or designee should document the transfer as soon as he/she learns of the event.
Resumption of Care Summary – Summary of patient's status post-hospital discharge.	Clinical Summary Activity; Verbal Order; Document Communication Form	Should be written the day of the visit and incorporated into the record within 7 days of the Resumption of Care Visit.

<u>Definition</u>	<u>Computer Form</u>	<u>Process</u>
<p>Discharge Summary – Completed by all professional/staff providing care to patient. Regulatory requirements for a discharge summary include:</p> <ul style="list-style-type: none"> • Reason for admission • Summary of service provided • Progress toward goals/outcomes • Status at Discharge • Continuing Care needs • Discharge Instructions <p>Each Discipline will use the “Progress Toward Goals” throughout the period to record patient progress or lack of progress. Disciplines should address each goal with a brief statement as appropriate. At the time of the last discipline discharge, the discipline would complete the required fields in the discharge activity and cross-reference to the goals statements in “Progress Toward Goals”.</p>	<p>Discipline DC Form Agency DC Form</p>	<p>Should be written the day of the last visit and incorporated into the record within 7 days. Unexpected discharges should be documented when the clinician learns of the event. The last Discipline Case Manager would address all areas in Discipline Discharge. The last discipline discharge activity (auto printed) and the “Goals History” form (demand printed) should be mailed to the physician.</p> <p>The supervisor or designee should complete the agency discharge form once all discipline discharges are complete and all visits have interfaced.</p>

The Home Health Services nursing supervisor or his/her designee initiates the agency clerical procedures regarding the processing of the patient’s clinical and administrative records.

Date of Approval: May 2003

Date of Revision: May 2006

List of documentation requirements from CHAP added to policy statement

Transfer summary added

Expectation that daily note is written on the day of visit added

Date of Revision: August 2008

Few editorial changes

Subject: 4050 Patient Clinical Record Retention and Protection

Policy Statement:

Patient clinical records are retained in the home health office according to federal, state and local laws and regulations.

Patient clinical record information is guarded against loss or unauthorized use.

Regulations: Conditions of Participation: 484.48(a)
G237

Procedure:

1. Patient clinical records are retained in the agency as outlined in the schedule from the current Comprehensive Health Record (CHR) Manual.
2. Patient clinical records are stored utilizing a secure storage system.
3. Any record removed from the file must be signed out by the home health care worker removing it and returned within a reasonable time frame. The worker is responsible for protecting it from loss or unauthorized use while it is out.
4. Any record that is photocopied for use by a home health care worker should be returned to the office for shredding once the worker is finished with it. The official copy is filed in the record. Staff should be educated to ensure this is accomplished.
5. Patient clinical records are also protected following Policy and Procedure 4060: Confidentiality.
6. Patient clinical records are transferred following Policy and Procedure 4070: Transfer of Records.

Retention Schedule: The basic premise is that hard copies of the patient's clinical record must be kept according to the DHEC Administrative Policy A.932.1: Adult records should be retained in Home Health for three (3) years after last visit and then transferred to State Records Center for seven (7) years, then destroyed. All records of minors should be retained in Home Health for three (3) years after the last visit and the client is at least eight (8) years old. The record must be kept in Home Health area until the client is eight (8) years old, and has not been seen for three (3) years. Then, transfer to State Records Center for ten (10) years before destroying.

Date of Approval: November 2002

Date of Revision: May 2006 - In the section "Retention Schedule", the 2001 DHEC administrative policy cited was revised in 2005.

Subject: 4060 Release and Exchange of Confidential Information

Policy Statement:

Employees are responsible for ensuring that the confidentiality of client health information is maintained. Information about clients will be held confidential and will not be divulged without the authorization of the individual(s) to whom it pertains except as needed for the continuation of care in providing health services or as otherwise required by law. (Comprehensive Health Record (CHR) Manual <http://dhecnet/co/apm/hrpm.htm>).

Regulations:

SC Physicians' Patient Records Act
Health Insurance Portability and Accountability Act (HIPAA)

Procedure:

1. All home health care workers shall be informed of the Agency's policies with respect to confidential information (see DHEC Administrative Policies and Procedures Manual, and Comprehensive Health Record (CHR) Manual).
2. Medical information needed to determine third party payment may be released to the designated payers upon patient's authorization verified by signature on the Admission Authorizations and Consents Form (DHEC 1571).
3. A properly completed and signed authorization to release health information is required prior to release of the information, except in special circumstances described in the current CHR Manual Release of Health Information Rule #2 (<http://dhecnet/co/apm/docs/A-911.pdf>).
4. An authorization to release information is not needed to report to a physician why a patient is not taken under care.
5. When using or disclosing protected health information (PHI) or when requesting PHI from another agency or organization covered by HIPAA, DHEC employees must make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.
6. Information regarding STD, HIV, mental health, substance abuse, and family planning for minors is strictly confidential. This information may be disclosed only under conditions specified in the CHR Manual.

7. A Home Health patient has the right of access to information in his/her clinical record as stated in the CHR Manual.
8. It is permissible to release health information by telephone or fax when the information is immediately required. Permission to fax medical information is included on the Admission Authorizations and Consents Form (DHEC 1571). Secondary information may only be released at the client's request. (Refer to the CHR Manual for specific rules for transmitting information via telephone and fax).
9. A signed release is required before communicating any non-urgent information electronically. The Admission Authorizations and Consents (DHEC 1571) must specify acceptable modes of electronic information exchange. This information must then be transferred into Encore Clinical View ---- Assessment History ---- Emergency Contact tab ----- in the DNR/Specific Instruction lookup section.
10. When health information is faxed, the fax cover must indicate type of information faxed (e.g. lab results) in the comment section. The person faxing the information should secure the fax number from a reliable source (should have a minimum of a typed list of verified fax numbers that is updated on a regular basis). The CLIA lab log should not be used as a reliable source to obtain fax numbers. The person faxing information should review the fax confirmation sheet to verify that the information was faxed to the correct location. The fax cover sheet and the fax confirmation sheet are then placed in the medical record in date order on top of the DHEC 1571 form.
11. The original record must never be released, except for transfers between county health departments in South Carolina (CHR Manual). Refer to HHS Admin Policy 4070 for transfers between DHEC Home Health Agencies.
12. To obtain information, the Home Health Worker should have the patient or authorized caregiver sign the Authorization to Release Health Information (DHEC 1623) requesting information be released to DHEC. The information and agency from which DHEC needs to obtain information should be specific on the consent (i.e. Hospital Discharge Summary – 7/1-7/11/02; Agency – St. Mary's Hospital, 123 Main Street, Anywhere, SC, 00000).
13. A release is not required for treatment, payment, or operation when it is verbal exchange of medical information. A release is not needed for mailing discharge summaries, transfer summaries, or copies of the medical record for billing requirements.

14. Refer to Encore Process 10010 for Confidentiality related to electronic documentation. (<http://dhecnet/hs/hhs2/docs/process/10010.pdf>)

Approved/Revision: November 2002

Revisions:

02/02/05 Procedures

2. DHEC 1571 added
9. New statement to include information on release
10. Added
11. Added

August 2007 Revisions:

- Policy Statement Revised to match agency policy
- Procedure #4 and 13 added
- Procedures renumbered

Date of Revision: August 2008

- Manual links added and DHEC form number added to #9
- Items moved around and renumbered for better flow.

Subject: **4070** Transfer between DHEC Home Health Agencies or to a DHEC Home Health Agency

Policy Statement:

When a patient receiving DHEC Home Health Services moves from one county or region to another, a copy of pertinent information in the clinical record is forwarded to ensure continuity of care between DHEC agencies in the most efficient manner.

When a patient elects to transfer from another home health agency to a DHEC agency there must be documentation in the clinical record to show coordination of the beneficiary-elected transfer.

Regulations: COP 484.14(g); 484.18; 484.55(d)
G157, G158, G163, G251
CHAP HHII.4b

Procedure: Transfer of records between/within DHEC Agencies

1. The transferring region should call the receiving region with the referral to discuss the case and explain the patient's needs.
2. Before sending a copy of pertinent information to the receiving region, the transferring region would complete discharge documentation in Encore Clinical View (ECV). Include in the discharge summary or on a document communication form, the date the clinical record information was mailed, the receiving agency's name and the names of the individuals sending and receiving the record.
3. For record transfers that do not result in a change of provider number (i.e., within the same region), the original record should be sent. Confirm the patient transfer on a Document Communication Form. If the patient is Medicare and the MSA/CBSA code is different, the receiving county should document the end date for one MSA/CBSA and enter the new MSA/CBSA. There is no need to discharge the patient when the transfer is within the same region (See Policy 2115).
4. Follow Policy 3150: Patient Transfer into a DHEC Home Health Agency, for general information regarding patient transfers.

Procedure: Documentation required for patient-elected transfer from a non-DHEC Home Health Agency to a DHEC Agency

1. The receiving agency must document that the beneficiary has been informed that the transferring Home Health Agency will no longer receive Medicare Payment and will no longer provide Medicare covered services

after the date of the patient-elected transfer.

2. The receiving agency must also document in the record that it has accessed the regional home health intermediaries (RHHI) inquiry system to determine whether or not the patient was under an established home health plan of care and must document contact with the transferring non-DHEC Home Health Agency to discuss the effective date of transfer.
3. A new comprehensive assessment (SOC OASIS) and Plan of Treatment (485) are required.

Reference: Palmetto GBA Advisory February/March 2002

Date of Approval: November 2002

Date of Revision: May 2006

Subject: Title changed to include transfer between non DHEC agencies

Policy Statement: Beneficiary elected transfer added.

Procedure:

3 revised to show the transfer is from one DHEC agency to another DHEC agency.

4 revised to clarify the transfer is from county to county within the same DHEC agency.

Procedures 6 thru 8 added to explain documentation that is required when a patient elects a transfer from another agency to a DHEC agency.

Date of Revision: August 2008

Title revised to include records management for transfer between DHEC sites/agencies and also into DHEC.

Procedure 2 deleted and others renumbered.

#3 references change in provider number

Subject: 4080 Record Revisions

Policy Statement:

The Home Health clinical record forms are revised and new forms approved in accordance with the process outlines by the agency's Comprehensive Health Record's Committee to provide consistency in the use of forms and therefore support the most efficient collection of necessary data statewide.

Procedure:

For detailed procedures, refer to the current Comprehensive Health Record Manual.

HOME HEALTH SERVICES
POLICY AND PROCEDURE
EDUCATION
SECTION 5000

Last Revision:

5010	Clinical Competency	August 2007
5020	Basic Competence and Orientation	August 2008
5030	In-Service Education	August 2008

Subject: 5010 Clinical Competency

Policy Statement:

Basic clinical competency is defined by professional state licensure and/or certification. The agency recognizes that holding a valid professional license and/or certification implies a basic level of competence for each discipline within Home Health Services. Each employee, in conjunction with the supervisor, has a responsibility to ensure his/her own competency prior to delivery of care and thereafter annually. This is to ensure quality patient care and maintain a clinically proficient work force.

Procedure:

1. Pre-Employment:

The hiring authority ensures all discipline specific pre-requisites for employment are met per agency policy (DHEC Admin Manual/Personal Section/Recruitment and Selection Policy A551.1) and meets the Medicare Conditions of Participation for home health agencies.

2. Orientation:

The supervisor or designee provides a basic individualized orientation program for each new home health worker per DHEC HHS Administrative Policy #5020.

3. On-Going:

Competence is evaluated annually and summarized in the EPDP. The supervisor or designee monitors continued competence on an on-going basis through such activities as: observation (direct/indirect); record reviews; peer reviews, conferences; customer feedback; self- appraisal and an annual competency test. Identified deficiencies are addressed and a remedial plan is initiated which may include such educational activities as: specific training; required reading; and conferencing. Another component to on-going competence involves specific in-service guidelines per DHEC HHS Administrative Policy #5030.

Approved/Revision: May 2003

August 2007 Revisions:

Policy statement and #3 – idea of annual competency added

Procedure #3 – peer reviews added

Subject: 5020 Basic Competences and Orientation

Policy Statement:

Home health worker will complete a basic individualized orientation program. The new employee's supervisor will be responsible to assure that an orientation plan is developed and documented. The orientation program will be based on individual needs, taking into consideration education, past experience, and job requirements and will include philosophy, services, policies and procedures of Home Health Services. The orientation will include the agency's mission and focus on quality through client outcomes and evaluation of outcomes. A new employee should have an opportunity to meet with and/or observe all members of the patient care team including administrative support and accounting staff.

If the employee will provide only non-certified services, like Best Chance, an abbreviated orientation plan is appropriate and should be developed with the supervisor related to their non-certified duties.

Regulations: G134, G140

Procedure:

1. The supervisor ensures that all prerequisites for employment have been met prior to scheduling a home health care worker for orientation.
2. The supervisor provides a basic individualized orientation plan for each new home health care worker, prior to or beginning on the worker's first day of service, based on the following:
 - a. The supervisor establishes a schedule for the duration of the orientation.
 - b. The supervisor documents the worker's participation in the orientation plan.
 - c. The supervisor involves the appropriate central office consultant in the individualized orientation plan as appropriate.
 - d. The new employee evaluates his or her orientation within 6 months of hire.
 - e. Orientation plan, checklists and evaluation documents are filed in the personnel file within at least 12 months of the hire date.

Suggested orientation forms follow.

The new Home Health Employee demonstrates competency with and understanding of the following:

Orientation Checklist for _____ Hire Date: _____ Supervisor: _____

	Date Completed & Initials	Comments
1. Personnel policies. Refer to Personnel Services Employee Checklist DHEC form # 3500 (FTE) and 3501 (temp/hourly/per visit).		
2. Plan for DHEC Orientation in Columbia if applicable. Date Scheduled: _____		
3. Position Description-and responsibilities to include limitations, legal accountability / malpractice coverage, EPDP planning process and State /Region structure.		
4. Review and develop a Plan of supervision and discuss the supervision process		
5. Confidentiality Policy and HIPAA regulations		
6. DHEC's Exposure Control Plan, OSHA Compliance		
7. Role in responding to Health Department Emergencies and Special Medical/Red Cross Shelters		
8. Introduction to mission and services of Home Health, Health Department and Community Resources.		
9. HHS Administrative Policy Manual		
10. HHS Clinical Policy Manual		
11. HHS Encore Process Manual.		
12. DHEC Comprehensive Records Manual		
13. Demonstrates competency with Home Health and Encore documentation, processes and timeliness requirements.		
14. Medicare Part A Home Health Training Manual and Medicaid Manual.		
15. CMS Oasis Manual		
16. DHEC Lab Manual r/t waived tests/CLIA		
17. DHEC Pharmacy Manual to include Medical Device Act.		
18. Limited English Proficiency Policy and Interpreter Services		
19. Advanced Directives/Patient Self Determination (HHS Adm Policy 3220)		
20. Role of Multidisciplinary Team members and DHEC Central Office Consultants.		
21. Acceptance of Patients (HHS Adm policy 3010), admission process and admission packet.		

22. Priorities for Home Health Service/Treatment (HHS Adm Policy 3020)		
23. Payer sources and coverage requirements to include indigent care and supplies and PPS.		
24. Communication and Coordination of Care expectations and processes. Discuss current systems to contact/communicate with staff.		
25. Managed Care process in the site/region to include rate negotiation by central office and visit authorizations by site/clinician.		
26. Outcome Based Quality Management (OBQM) to include adverse events.		
27. Outcome Based Quality Improvement (OBQI) to include process of care investigations and action plans.		
28. Region/Agency HHS Audit plan / process		
29. Continued plan for competency evaluation		
30. Inservice requirements, Inservice Plan and process to request training		
31. CPR - direct care staff. If certification is not current at hire, CPR training must be completed within 6 months of hire date.		
32. Infection Control Policy to include bag technique and reporting suspected infections		
33.Reducing the Risk of Back, Shoulder, Neck Injury for Home Visiting Staff (HHS Admin Policy 6061)		
34. Home Health Safety Policy (#6060)		
35. Home Health Services Compliance Plan (#1100)		
36. Home Health Fraud and Abuse Policy (# 6070)		
37. Regional Ethics training		
38. On Call policies (HHS Adm Manual # 3100 and DHEC Admin Manual A.553) and Region Procedure for On Call / After Hours.		
39. Discipline Specific Skills Check List as appropriate.		

Date Initiated: _____

Date Completed: _____

Signature of Employee: _____

Signature of Supervisor: _____

Initials	Persons assisting with orientation

Should be completed within 12 months of hire and kept in the personnel file.

Nursing Orientation Checklist for _____

Hire Date: _____

Supervisor: _____

	Date Completed	Signature of person evaluating
1. Demonstrates skills in taking patient and family history		
2. Demonstrates a physical assessment and physical assessment skills		
3. Demonstrates DHEC admission visit / process and 485 creation via laptop documentation.		
4. Demonstrates revisit process, documentation and follow up.		
5. Demonstrates specimen collection procedures such as wound cultures, urine collection, venipuncture, finger stick blood sugars/INR and blood collection via central venous catheters.		
6. Demonstrates infusion therapy, site management and understanding of different types of IV catheters, and accessing an implanted port.		
7. Demonstrates IM, subq, intradermal and aerosol medication administration.		
8. Demonstrates reporting of abnormals to MD and multidisciplinary team.		
9. Demonstrates wound assessment and treatment skills for pressure ulcers, diabetic ulcers, surgical incisions, arterial and venous ulcers.		
10. Demonstrates diabetic management and patient teaching.		
11. Demonstrates tube insertion (NG, gastrostomy and jejunostomy), removal and ostomy care.		
12. Demonstrates urinary catheterization procedures and applying external catheters and leg bags.		
13. Demonstrates musculoskeletal procedures to include ROM, transfers, use of adaptive equipment, and stump and cast care.		
14. Demonstrates respiratory care procedures to include home oxygen use and safety, tracheostomy care and suctioning.		
The following skills have never been performed or need to be reviewed prior to being assigned this skill/activity alone:		

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

Home Health Aide **Basic Competency** Checklist for: _____
Hire Date: _____ Supervisor: _____

Skills demonstration checklist required for BASIC competency determination as identified by OBRA 1997:	Date Completed	Signature of person evaluating
1. Communication with the patient and family		
2. Maintaining patient's privacy.		
3. Taking oral and axillary temperatures.		
4. Taking a patient's pulse and respirations.		
5. Bed bath.		
6. Sponge, tub and shower bath.		
7. Shampoo in bed.		
8. Shampoo sink or tub.		
9. Nail care to include cleaning/filing and trimming as ordered. Review HHS Clinical Policy 11.36.		
10. Skin care and back rub.		
11. Oral hygiene.		
12. Assisting patient with the urinal and bedpan.		
13. Range of Motion Exercises.		
14. Positioning in bed and up in the chair.		
15. Making an occupied bed.		
16. Transfer techniques.		
17. Ambulation		
18. Proper body mechanics and safety of patient.		
The Following skills have never been performed or need to be reviewed prior to being assigned this skill/activity alone:		

Comments:

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

Home Health Aide **Additional Competency** Check List for: _____

Hire Date: _____ Supervisor: _____

Refers to more complex Home Health Aide duties/skills than those evaluated for determining basic competency. More complex tasks can be delegated only to aides who have demonstrated 100% competency in these additional skills.	Date Completed	Signature of person evaluating
1. Blood pressure		
2. Clean dressing change		
3. Cleansing enemas		
4. Catheter care		
5. Changing the ostomy bag		
6. Infection Control procedures		
7. Changing urinary drainage bags		
8. Changing urinary drainage leg bags and converting from a bedside bag to leg bag.		
9. Application of dressing wafer to non-infected wounds		
10. Application of Transparent Dressing to non-infected wounds		
11. Working with oxygen safely		
12. Applying the external urinary catheter		
13. Gastrostomy tube feedings		
14. Gastrostomy tube dressing change		
15. Applying protective skin barriers		
16. Wrapping a healed stump with an elastic bandage		
17. Applying special support stockings.		
18. Bathing the infant using a bathinette or basin		
19. Bottle feeding the infant		
20. Giving the infant a sponge bath		
21. Use of a gait belt		
22. Transferring the patient with a mechanical lift		
23. Transparent Dressing Changes to non-infected wounds		
24. Wet to dry dressing changes with NS on clean non-infected wound		
25. Assisting with meals and feeding patients		
The following skills have never been performed or need to be reviewed prior to being assigned this skill/activity alone:		

Signature of Employee: _____ Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

Social Work Orientation Check List for _____

Hire Date: _____ Supervisor: _____

Demonstrates competency with and understanding of the following:

	Date Completed	Signature of person evaluating
1. Public Health Social Work Standards, Policies and Procedures Manual.		
2. Medicare Coverage Guidelines for Social Work		
3. Aging and psychosocial factors related to the aging process		
4. Knowledge of community resources for the population served		
5. Common medical conditions of the population served and psychosocial implications		
6. Current CPR Certification (If certification is not current, CPR training must be completed within 6 months of hire date).		
7. Other:		

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

DHEC HOME HEALTH SERVICES PHYSICAL THERAPY SKILLS CHECKLIST

Therapist: _____

Hire Date: _____ Supervisor: _____

Demonstrates competency with and understanding of the following:

Skill	Date Completed	Signature of Person Evaluating
Current CPR Certification (If certification is not current, CPR training must be completed within 6 months of hire date).		
Musculoskeletal: Range of Motion		
Muscle Strength		
Posture		
Atrophy		
Contractures		
Amputation		
Neurological: Muscle Tone/Reflexes		
Sensation		
Perception		
Coordination/Tremor		
Pain		
Cardio/Respiratory: BP /Pulse		
Circulation/Edema		
Endurance		
Breathing Pattern/Dyspnea		
Mobility: Bed Positioning		
Supine-Sit		
Sitting Balance		
Sit-Stand		
Transfers		

Skill	Date Completed	Signature of Person Evaluating
Mobility Devices/Equipment		
Gait: Standing Balance		
Prosthesis/Orthosis		
Deviations		
Weight bearing		
Home Programs		
Diagnoses: CVA		
Arthritis		
UE Injuries		
UE Replacements		
LE Injuries		
LE Replacements		
Parkinsonism		
Familiar with "Guidelines for Age Specific Care"		
Other Areas:		

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

DHEC HOME HEALTH SERVICES OCCUPATIONAL THERAPY SKILLS CHECKLIST

Therapist: _____

Hire Date: _____

Demonstrates competency with and understanding of the following:

Skill	Date Completed	Signature of Person Evaluating
Current CPR Certification (If certification is not current, CPR training must be completed within 6 months of hire date).		
Range of Motion		
Muscle Strength		
Coordination: Fine Motor		
Gross Motor		
Sensation		
Cognition: Orientation		
Memory		
Attention Span		
Judgment		
ADLs: Feeding		
Bathing		
Dressing		
Meal Preparation		
Housekeeping		
Laundry		
Transfers: Bed-Chair		
Toilet		
Bathtub		
Balance: Sitting		
Standing		

Skill	Date Completed	Signature of Person Evaluating
Home Programs		
Knowledge of Adaptive Equipment		
Knowledge of Splints: Types		
Materials		
Precautions		
Diagnosis: CVA		
Arthritis		
UE Injuries		
UE Replacements		
LE Injuries		
LE Replacements		
Parkinsonism		
Familiar with "Guidelines for Age Specific Care"		
Other Areas:		

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

DHEC HOME HEALTH SERVICES SPEECH/LANGUAGE THERAPY SKILLS CHECKLIST

Therapist: _____

Hire Date: _____

Demonstrates competency with and understanding of the following:

Skill	Date Completed	Signature of Person Evaluating
Current CPR Certification (If certification is not current, CPR training must be completed within 6 months of hire date).		
Receptive Language		
Early Receptive		
Auditory Memory		
Auditory Comprehension		
Following simple/complex directions		
Expressive Language		
Early expressive		
Vocalization		
Verbalization		
Non-verbal communicative attempts		
Alternative/augmentative communication		
Pragmatics		
Articulation		
Level of intelligibility		
Stimulability		
Oral Peripheral		
Structure & function of lips, tongue, teeth as related to both articulation & swallowing		
Swallowing		
Voice: Volume		
Pitch		

Skill	Date Completed	Signature of Person Evaluating
Resonance		
Quality		
Fluency: Repetitions		
Prolongations		
Hesitations		
Hearing		
Vision		
Diagnosis:		
Speech/Language		
Swallowing		
Cognitive/Communication Deficits related to dementia/Alzheimer's		
Voice/Fluency		
Aural Rehabilitation		
Developmental		
Familiar with "Guidelines for Age Specific Care"		
Other Areas:		

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

DHEC HOME HEALTH SERVICES PEDIATRIC THERAPY SKILLS CHECKLIST

Therapist: _____

Hire Date: _____

Demonstrates competency with and understanding of the following:

Skill	Date Completed	Signature of Person Evaluating
Current CPR Certification (If certification is not current, CPR training must be completed within 6 months of hire date).		
Neuromuscular Initiate – Sustain – Terminate Motor Units		
Stiffness		
Agonist/Antagonist		
Synergies/Movement Patterns		
Damping (Clonus/Ataxia/Athetosis)		
Motor Development: Gross		
Fine		
Range of Motion		
Sensory: Tactile		
Vestibular		
Auditory		
Ocular		
ADLS: Feeding		
Oral		
Other Age Specific Tasks		
Language		
Respiration		
Social/Emotional		
Knowledge of Normal Development (Developmental Milestones)		
Knowledge of Sensory Integration		

Skill	Date Completed	Signature of Person Evaluating
Knowledge of NDT		
Home Programs		
Knowledge of Adaptive Equipment		
Knowledge of Pediatric Splints		
Familiar with "Guidelines for Age Specific Care"		
Diagnoses:		
Other Areas:		

Signature of Employee: _____

Signature of Supervisor: _____

Should be completed within 12 months of hire and kept in the personnel file.

Date of Revision: February 2007:

General Orientation Checklist –

#12, 32 & 34 revised to correct/add form # and/or title.

#33 – New

Aide Basic Competency

#9 - Reworded

Aide Additional Competency Checklist –

#8, 21 and 22 revised to match clinical policy

Social Work Checklist –

#1 - Standard #6 deleted and #2 deleted - renumbered.

Date of Revision: November 2007

Adding a requirement that all therapists and assistants (MSW, OT, PT, ST) need to be current in their CPR certification

Compliance Plan Added

Date of Revision: August 2008

#8 page 3 Introduction to Missions and Community Resources added

#32 (page 3) Review of policy 6051 - Reducing the Risk of Back, Shoulder, Neck Injury for Home Visiting Staff added

Ambulation added to Basic Home Health Aide Competency list

Gait Belt and assisting with meals/feeding added to Additional Aide Competency list

Subject: 5030 In-service Education

Policy Statement: Home Health Care workers are required to have regular in-service education for the purpose of maintaining or increasing the home health care workers' competencies in their specific area(s) of practice. Furthermore, the agency's focus on quality is supported through staff development that includes review of best practices to achieve positive client outcomes.

Regulations: G210, G215
Nursing Board, PT Board, OT Board, ST Board, and MSW Board

Rules:

1. Each Region must demonstrate that regular in-service is: (1) planned; (2) available to workers at all levels; and (3) documented.
2. The requirements for in-service are:
 - a) RN-20 hours per fiscal year or 40 hours per 2 fiscal years;
 - b) LPN- 15 hours per fiscal year or 30 hours per 2 fiscal years;
 - c) HHA-12 hours per fiscal year;
 - d) MSW-40 hours per two calendar years (January thru December);
 - e) Nutrition-20 hours per registration year; and
 - f) PT, OT, ST-4 times per year for full time employees.
3. In-service education may be prorated based on the time or average time the employee works. (e.g. RN works 50%= 10 hours every year or 20 hours per 2 years, PT works 24 hours per week=2 times per year). Professional staff is also responsible for meeting licensing criteria for their respective discipline as set forth by their professional board.
4. HHS staff hired during the year will be advised that they are responsible for receiving a prorated amount of in-service education based on the percentage of time employed in the year of hire (e.g. for RN: 3 mos.=5 hrs., 6 mos.=10 hrs., 9 mos = 15 hrs).
5. One hour of credit may be allowed annually for participating in OSHA training. Credit may be given for nurses and HHA's participating in CPR training: 6 hours for initial certification and 2 hours for recertification. PTs and PTAs can claim 4 CE contact hours for CPR training every two years for state licensure. MSW, OT and ST cannot claim any hours for their state licensure, however for all three therapies, participation can count toward DHEC in-service time.
6. Any electronic offerings must be pre-approved and a predetermined amount of credit agreed upon by the supervisor. Professional journal articles used for education will only be allowed if staff member receives CEU or contact hour credit since there is already a predetermined test for competency. Time is also given for the "inservice" as a standard in the article.

Procedure:

1. The Region plans an annual in-service education program calendar based on:
 - a. a needs assessment,
 - b. the organizational/program objectives, and
 - c. regulatory requirements
2. Home health care workers document their participation in in-service education programs on appropriate forms that may include forms associated with the DHEC eLearning Center.

Approved/Revision: May 2004

August 2007 Revisions:

Policy Statement revised
“District” changed to “Region”
“fiscal” added for RN/LPN/HHA to match Office of Nursing
MSW annual inservice requirement revised to match MSW
licensing standards
Annual requirement of CPR removed (now on a 2 year
renewal system)
Clarification of CE contact hours for CPR for therapists and
therapy assistants
MSW,Therapy credit for CPR listed
Procedure #3 – 50% electronic removed. The intent is that
electronic/articles are pre-approved by the supervisor. The
offering of electronic training is growing in home care.

August 2008 Revisions:

TraMS system changed eLearning Center
Items re-formatted, re-ordered and re-numbered

HOME HEALTH SERVICES
POLICY AND PROCEDURE
PERSONNEL
SECTION 6000

LAST REVISION:

6010	Agency Personnel Policies and Procedures	August 2007
6030	Per Visit Reimbursement	August 2008
6050	Medical Certification	August 2008
6060	Safety	November 2007
6061	Reducing the Risk of Back, Shoulder, Neck Injury for Home Visiting Staff	August 2008
6070	Fraud and Abuse Policy	February 2008

Subject: 6010 Personnel Policies and Procedures

Policy Statement:

Personnel of this agency are governed by regulations of the State Budget and Control Board's Division of Human Resource Management which provides for position classification, employment procedures, the compensation plan, benefits and other aspects of personnel administration used to administer a comprehensive personnel program that is responsive to the needs of the employees and essential to the efficient operation of State Government.

Procedure:

The Department's Bureau of Personnel Services is responsible for establishing/maintaining personnel policies, position management and processing employment applications, insurance claims, leave requests, and maintenance of personnel records. Refer to the DHEC Administrative Policy Manual for specific information. <http://dhecnet/apm/>

Approved/Revision: May 2003

August 2007 Revision:

List of suggested policies in DHEC Administrative Policy Manual Removed
Electronic link to DHEC Administrative Policy Manual added.

Subject: 6030 Per Visit Reimbursement**Policy Statement:**

Home Health Services personnel may be paid on a per visit basis. This compensation is for the home visit, coordination, travel and other time associated with the visit. These individuals are considered fee for service employees and must adhere to agency personnel policies (refer to policy #6010). There will be a signed agreement between each fee for service employee and the agency. Refer to addendums for examples of agreements.

Procedure:**1. Visits**

Fee for service personnel who are reimbursed on a per visit basis will be paid at the per visit rate as stated in the personnel action form (DHEC 301) for direct care time and all other time associated with the home visit, including documentation, travel and coordination with other individuals as warranted.

2. Admission visits and visits requiring OASIS completion

Some types of visits require more time and may be reimbursed at a rate higher than the employee's standard visit rate.

- Nurses will be reimbursed twice their standard rate for visits to admit a patient into certified Home Health.
- Nurses will be reimbursed one and one-half their standard rate for visits requiring the completion of an OASIS survey.
- Therapists will be paid one and one-half times their standard rate for visits to admit a patient into certified Home Health
- Therapist will not receive additional reimbursement for other types of visits requiring OASIS assessments.

3. Phone "visits"

A telephone visit is a visit that occurs over the phone with a patient and/or caregiver in lieu of a home visit to provide skilled interventions toward accomplishment of the clinical goals established in the care plan.

- a) Fee for service nurses, social workers and nutritionists may be reimbursed half their standard rate for phone visits.
- b) Phone visits are not appropriate for PT/OT/ST services.
- c) Telephone visits cannot to be used to collect OASIS information.
- d) The Home Health worker should use professional judgment to determine when a telephone visit is appropriate (See Encore Process 5050). Examples of telephone contacts that are NOT considered a reimbursable telephone visit are: calls to schedule a home visit, calls to check on a patient's medical appointments, calls to tell the patient about a medication change, calls to tell the patient about contacts to arrange services, and calls that do not involve the use of skilled interventions.

- e) If there is a question about the appropriateness of telephone visits, the worker should discuss the situation with his/her practice supervisor before the phone visit occurs.
- f) Phone visits are non-billable visits.

4. Administrative Activities

Fee for service personnel are also required to participate in other administrative activities, such as team conference and inservice training. Reimbursement for these activities will be made at one-half (1/2) the stated per visit rate per hour of involvement. This method of reimbursement is applicable only when prior approval is received from the worker's program supervisor. These activities may include:

- a. Team conferences
- b. Supervisory or other administrative meetings
- c. Required orientation, inservice and other program meetings
- d. Provision of inservice to staff

There must be written evidence to support the reimbursement - i.e.: minutes of meetings where attendance is documented, written staff schedules or the patient's clinical record.

5. Non Billable Visit Reimbursement

When justified and approved by the worker's program supervisor, fee for service staff may receive one fourth (1/4) the normal visit rate for attempted pre-scheduled visits that for various reasons cannot be billed. Supervisors should monitored non-billable visits on a regular basis to ensure that they are not excessive and were unavoidable. These types of visits may include:

- a. Not Home
- b. Refused Care
- c. Dual visits
- d. Home Health Aide Supervisory visit (not associated with a billable visit)

6. Other situations that may develop which are not addressed in this policy must have prior approval of the Central Office Division Director and the Bureau of Personnel before implementation.

Approved/Revision: November 2003

August 2007 Revisions:

Procedure #1 – second paragraph duplicates information.

OASIS sentence added to 1st paragraph.

Procedure #2 - 2d "orientation" added to 2c

Procedure #3 PNS changed to program supervisor

August 2008 Revisions:

Policy statement revised for clarity

Added procedure for admission visits, visits requiring OASIS, and phone visits.

Items renumbered.

Policy 6030 – Addendum – Example of Per Visit Agreement

DHEC Region _____ Home Health Services Fee For Service **Registered Nurse**
Appointment Agreement

Employee Name: _____ Hire Date: _____

Will be paid _____ per visit to provide skilled nursing services in Region _____.

Duties include:

Admissions Revisits Recertifications Caseload Management Phone Visits

Travel will be paid at _____ per mile.

For every six (6) units for Family Support Service, employee will be paid one (1) visit.

One half the visit rate ($\frac{1}{2}$) _____ will be paid for each hour of time spent in the following activities:

Team Conferences: The number of conferences you will attend will be determined by the Team Leader or the Home Health Nurse Administrator (HHNAM). Regular attendance at team conference is expected.

Required In-Services: As stipulated by region

Orientation: As stipulated by region

Other Meetings: As approved by program manager

Attempted Visits: One-quarter ($\frac{1}{4}$) visit rate will be paid under the following circumstances:

- a. The patient is at home, but is unable to participate/tolerate the scheduled care.
- b. The patient is scheduled for care, but for some reason is not home and the nurse could not have known this prior to attempting the visit, i.e., patient does not have a phone.

“OASIS Only” Visits: One-half ($\frac{1}{2}$) the visit rate will be paid for a visit to complete the OASIS Follow Up tool if no other skilled visit is scheduled within the five (5) day completion window.

Nursing Admissions: Reimbursement of one additional visit applies to each certified admission visit (Total of 2 visits per admission).

Other Nursing Visits
With OASIS:

Reimbursement of an additional one half (1/2) visit will be applied to each skilled nursing visit that requires an OASIS survey for resumption of care, recertification, a significant change in condition, or discharge (Total of 1.5 visits).

Phone Visits: Reimbursement of a half visit (1/2) applies to each nursing Telephone visit that meets the telephone visit definition (See HHS Process 5050)

Aide Supervision: Reimbursement of a half (1/2) visit will be applied when an RN does aide supervision that is not in conjunction with a skilled nursing visit. When aide supervision is done in conjunction with a skilled nursing visit, no additional reimbursement will be provided..

Additional Terms and Conditions:

- 1) It is necessary for you to conform to all applicable agency policies and procedures including personnel qualifications.
- 2) The number of visits assigned to you may fluctuate and is based on the patient caseload. There is no guarantee of the number of patients or visits that will be assigned to you each day.
- 3) Visits may be for the purpose of evaluation, admission, readmission, or revisit as indicated on the agreement. Visits made for the purpose of evaluation or admission will be discussed with the supervisor before the patient is accepted for care.
- 4) You will be expected to participate in the development of the plans of care for patients assigned to you and for coordination of services (including documentation) needed by these patients (i.e. conferencing with other disciplines, referring for additional services, recommendations for Aides, etc.) Discharge planning should be evident throughout the episode of care, and the number of visits should correspond to the needs of the patient.
- 5) It is necessary for you to get clear and accurate directions to the patient's home so as not to lose a visit or to incur unnecessary travel to locate a patient.
- 6) Every attempt should be made, including calling prior to a visit, to assure the patient is at home. Reimbursement for "not at home" visits must be approved by the supervisor.
- 7) Documentation, orders, summaries, and reports are to be written and submitted in accordance with agency policies and procedures.
- 8) Payroll timesheets and PCAS are to be submitted in a timely and accurate manner if they are to be processed timely. The immediate supervisor must approve payroll

forms before being sent to the personnel office. All necessary paperwork and clinical documentation required to support the payroll document MUST be completed before timesheets are submitted for payment. DHEC reserves the right to hold timesheets for incomplete documentation.

- 9) Regular attendance at in-service programs is expected. Reimbursement will be based on the Region policy as follows: limit of _____ per year based on full time equivalency to include registration fees. (Employees working less than 100% will be supported for up to that percentage of _____; i.e., 50% employee would be funded for up to _____). Prior authorization is required from supervisor and other designated Region staff. Nurses are required to attend twenty (20) hours annually.
- 10) Fee for Service Staff will be evaluated on an ongoing basis, but at least annually on the following areas: responsiveness to referrals; patient and family response to services provided (i.e. level of satisfaction, compliments, complaints, etc.); appropriateness of the services (i.e. visit frequencies, recertification, timeliness of response to referrals, etc.); compliance with agency policies; observance of patients' rights and informing patients of their rights when indicated and clinical competency.
- 11) All nurses, regardless of number of hours/days worked per week, will be required to participate in the on-call system per agency policy.

I understand and agree to the terms and conditions outlined in this agreement.

Fee For Service Employee
(Signature Employee)

(Signature Home Health Supervisor)

Date: _____

Date: _____

ADDENDUM

(as applicable)

Cumulative time for aide only supervisory visits will be accrued until a minimum of ½ visit time (one hour) can be charged. Time will be submitted on agency visit form. Supervisory visits only will be listed on calendar sheet with date and patient names for audit purposes. i.e. SV charges: W. Jones (082395); W. Smith (082595) do we need this???

I understand and agree to the terms and conditions outlined in this addendum to the agreement.

(Signature Employee)

(Signature Home Health Supv.)

Date:_____

Date:_____

Policy 6030 – Addendum – Example of Per Visit Agreement

DHEC Region ____ Home Health Services **Fee For Service** ____ **Therapy Assistant**
Appointment Agreement

Employee Name: _____ Hire Date: _____

Will be paid _____ per visit to provide _____ therapy services in Region ____ .

Duties include: Revisits

Travel will be paid at _____ per mile.

One half the visit rate ($\frac{1}{2}$) _____ will be paid for each hour of time spent in the following activities:

Team Conferences: The number of conferences you will attend will be determined by the Team Leader, supervisor or the Home Health Nurse Administrator (HHNAM). Regular attendance at team conference is expected.

Required In-Services: As stipulated by region

Orientation: As stipulated by region

Other Meetings: As approved by program manager

Attempted Visits: One-quarter ($\frac{1}{4}$) visit rate will be paid under the following circumstances:

- a. The patient is at home, but is unable to participate/tolerate the scheduled care.
- b. The patient is scheduled for care, but for some reason is not home and the therapy assistant could not have known this prior to attempting the visit, i.e., patient does not have a phone.

Additional Terms and Conditions:

- 1) It is necessary for you to conform to all applicable agency policies and procedures including personnel qualifications.
- 2) The number of visits assigned to you may fluctuate and is based on the patient caseload. There is no guarantee of the number of patients or visits that will be assigned to you each day.

- 3) Visits will be for the purpose of revisit. Goals are to be resolved by the therapist, and documentation must indicate that the care plan and progress of the patient has, at least weekly, been discussed with the therapist.
- 4) It is necessary for you to get clear and accurate directions to the patient's home so as not to lose a visit or to incur unnecessary travel to locate a patient.
- 5) Every attempt should be made, including calling prior to a visit, to assure the patient is at home. Reimbursement for "not at home" visits must be approved by the supervisor.
- 6) Physician orders, including verbal orders, may only be obtained by the therapist.
- 7) Payroll timesheets and PCAS are to be submitted in a timely and accurate manner if they are to be processed timely. The immediate supervisor must approve payroll forms before being sent to the personnel office. All necessary paperwork and clinical documentation required to support the payroll document **MUST** be completed before timesheets are submitted for payment. The region reserves the right to hold timesheets for incomplete documentation.
- 8) Reimbursement for in-service education will be based on the region policy as follows: limit of _____ per year based on full time equivalency to include registration fees. (Employees working less than 100% will be supported for up to that percentage of _____; i.e., 50% employee would be funded for up to _____). Prior authorization is required from supervisor and other designated Region staff. DHEC requires that therapists have, on a regular basis, 4 in-services per year.
- 9) Fee for Service Staff will be evaluated on an ongoing basis, but at least annually on the following areas: patient/family response to services provided (i.e. level of satisfaction, compliments, complaints, etc.); appropriateness of the services; compliance with agency policies; observance of patients' rights and informing patients of their rights when indicated, and clinical competency.

I understand and agree to the terms and conditions outlined in this agreement.

Fee For Service Employee
(Signature Employee)

(Signature Home Health Supervisor)

Date: _____

Date: _____

Policy 6030 – Addendum – Example of Per Visit Agreement

DHEC Region _____ Home Health Services **Fee For Service Home Health Aide**
Appointment Agreement

Employee Name: _____ Hire Date: _____

Will be paid _____ per visit to provide aide services in Region _____

Duties include: Revisits

Travel will be paid at _____ per mile.

One half the visit rate ($\frac{1}{2}$) _____ will be paid for each hour of time spent in the following activities:

Team Conferences: The number of conferences you will attend will be determined by the Team Leader, supervisor or the Home Health Nurse Administrator (HHNAM).

Required In-Services: As stipulated by region

Orientation: As stipulated by region

Other Meetings: As approved by Team Leader or Home Health Nurse Administrator (HHNAM)

Attempted Visits: One-quarter ($\frac{1}{4}$) visit rate will be paid under the following circumstances:

- a. The patient is at home, but is unable to participate/tolerate the scheduled care.
- b. The patient is scheduled for care, but for some reason is not home and the assistant could not have known this prior to attempting the visit, i.e., patient does not have a phone.

Additional Terms and Conditions:

- 1) It is necessary for you to conform to all applicable agency policies and procedures including personnel qualifications.
- 2) The number of visits assigned to you may fluctuate and is based on the patient caseload. There is no guarantee of the number of visits that will be assigned to you each day.
- 3) It is necessary for you to get clear and accurate directions to the patient's home so as not to lose a visit or to incur unnecessary travel to locate a patient.

- 4) Every attempt should be made, including calling prior to a visit, to assure the patient is at home. Reimbursement for "not at home" visits must be approved by the supervisor.
- 5) Payroll timesheets and PCAS are to be submitted in a timely and accurate manner for processing. The immediate supervisor must approve payroll forms before being sent to the personnel office. All necessary paperwork and clinical documentation required to support the payroll document **MUST** be completed before timesheets are submitted for payment. The region reserves the right to hold timesheets for incomplete documentation.
- 6) You are expected to participate in region in-services to obtain the required number of in-service hours annually.
- 7) You will be evaluated on an ongoing basis. At least annually, your performance will be summarized in the EPDP (Employee Performance and Development Plan). Your supervisor or designee monitors continued competence through such activities as observation (direct/indirect); record reviews; conferences; customer feedback; and self-appraisal. At least annually you must obtain a satisfactory rating on all skills/duties/tasks assigned.
- 8) You must follow the established plan of care exactly and report any abnormal findings/problems to the patient's case manager and/or Team Leader. Routine conferences should occur between you and each patient's case manager and/or therapists to discuss the aide plan of care and the patient's progress.
- 9) The following should be documented by the aide: completion of assigned tasks; additional observations, teaching issues or concerns, and any changes in the patient's condition including to whom the information was reported.
- 10) After an extended absence from work, you must meet with the aide supervisor and/or home care worker to review patient assignments.

I understand and agree to the terms and conditions outlined in this agreement.

Fee For Service Employee
(Signature Employee)

(Signature Home Health Supervisor)

Date: _____

Date: _____

Policy 6030 – Addendum – Example of Per Visit Agreement

DHEC Region _____ Home Health Services **Fee For Service** _____ **Therapist**
Appointment Agreement

Employee Name: _____ Hire Date: _____

Will be paid _____ per visit to provide _____ therapy services in Region _____.

Duties include:

Revisits Admissions Recertifications Caseload management

Travel will be paid at _____ per mile.

One half the visit rate ($\frac{1}{2}$) _____ will be paid for each hour of time spent in the following activities:

Team Conferences: The number of conferences you will attend will be determined by the Team Leader, supervisor or the Home Health Nurse Administrator (HHNAM) Regular attendance at team conference is expected.

Required In-Services: As stipulated by region

Orientation: As stipulated by region

Other Meetings: As approved by program manager

Attempted Visits: One-quarter ($\frac{1}{4}$) visit rate will be paid under the following circumstances:

- a. The patient is at home, but is unable to participate/tolerate the scheduled care.
- b. The patient is scheduled for care, but for some reason is not home and the therapist could not have known this prior to attempting the visit, i.e., patient does not have a phone.

“OASIS only” Visits: One-half ($\frac{1}{2}$) the visit rate will be paid for a visit to complete the OASIS Follow Up tool if no other skilled visit is scheduled within the five (5) day completion window. It should be only on a rare occasion that a therapist would make an OASIS only visit.

Therapy Admissions: Reimbursement of one-half additional visit applies to each certified admission visit (Total of $1 \frac{1}{2}$ visits per admission).

Additional Terms and Conditions:

- 1) It is necessary for you to conform to all applicable agency policies and procedures including personnel qualifications.
- 2) The number of visits assigned to you may fluctuate and is based on the patient caseload. There is no guarantee of the number of patients or visits that will be assigned to you each day.
- 3) Visits may be for the purpose of evaluation, admission, readmission, or revisit as indicated on the agreement. Visits made for the purpose of evaluation or admission will be discussed with the supervisor before the patient is accepted for care.
- 4) You will be expected to participate in the development of the plans of care for patients assigned to you and for coordination of services (including documentation) needed by these patients (i.e. conferencing with other disciplines, referring for additional services, recommendations for Aides, etc.) Discharge planning should be evident throughout the episode of care, and the number of visits should correspond to the needs of the patient.
- 5) It is necessary for you to get clear and accurate directions to the patient's home so as not to lose a visit or to incur unnecessary travel to locate a patient.
- 6) Every attempt should be made, including calling prior to a visit, to assure the patient is at home. Reimbursement for "not at home" visits must be approved by the supervisor.
- 7) Documentation, orders, summaries, and reports are to be written and submitted in accordance with agency policies and procedures.
- 8) Payroll timesheets and PCAS are to be submitted in a timely and accurate manner if they are to be processed timely. The immediate supervisor must approve payroll forms before being sent to the personnel office. All necessary paperwork and clinical documentation required to support the payroll document **MUST** be completed before timesheets are submitted for payment. DHEC reserves the right to hold timesheets for incomplete documentation.
- 9) Reimbursement for in-service programs will be based on the region policy as follows: limit of _____ per year based on full time equivalency to include registration fees. (Employees working less than 100% will be supported for up to that percentage of ____; i.e., 50% employee would be funded for up to ____). Prior authorization is required from supervisor and other designated Region staff. DHEC requires that therapists have, on a regular basis, 4 in-services per year.
- 10) Fee for Service Staff will be evaluated on an ongoing basis, but at least annually on the following areas: responsiveness to referrals; patient and family response to services provided (i.e. level of satisfaction, compliments, complaints, etc.); appropriateness of the services (i.e. visit frequencies, recertification, timeliness of

response to referrals, etc.); compliance with agency policies; observance of patients' rights and informing patients of their rights when indicated and clinical competency.

- 11) If the region has physical therapy assistants, you may be required to provide clinical supervision for these individuals.

I understand and agree to the terms and conditions outlined in this agreement.

Fee For Service Employee
(Signature Employee)

(Signature Home Health Supervisor)

Date: _____

Date: _____

Policy 6030 – Addendum – Example of Per Visit Agreement

DHEC Region ____ Home Health Services **Fee For Service Medical Social Worker (MSW)**
Appointment Agreement

Employee Name: _____ Hire Date: _____

Will be paid _____ per visit to provide Social Work services in Region ____.

Duties include:

Revisits Admissions Recertifications Caseload management

Travel will be paid at _____ per mile.

One half the visit rate ($\frac{1}{2}$) _____ will be paid for each hour of time spent in the following activities:

Team Conferences: The number of conferences you will attend will be determined by the Team Leader, supervisor or the Home Health Nurse Administrator (HHNAM)
Regular attendance at team conference is expected.

Required In-Services: As stipulated by region

Orientation: As stipulated by region

Other Meetings: As approved by program manager

Attempted Visits: One-quarter ($\frac{1}{4}$) visit rate will be paid under the following circumstances:

- a. The patient is at home, but is unable to participate/tolerate the scheduled care.
- b. The patient is scheduled for care, but for some reason is not home and the therapist could not have known this prior to attempting the visit, i.e., patient does not have a phone.

Social Work evaluations/admissions: All face-to-face visits are compensated at the same rate. This includes evaluation for MSW services and admission visits. Social Workers may, on occasion, admit patients into the non-certified business unit.

Phone Visits: Reimbursement of one-half visit ($\frac{1}{2}$) applies to each telephone visits that meets the telephone visit definition (See

HHS Process 5050). Care must be taken to ensure that visits meet the definition of a telephone visit before being submitted for payment.

Office related services: Some Social Work services do not require direct interaction with the patient. These services include contacts made to other entities on behalf of the client and may be reimbursed at the rate of one-half visit per hour if these services are not provided on the day of a home visit. Care must be taken to ensure that services meet the definition of that service type before being submitted for payment. Examples of these services include a resource development visit, BCN office time and certain FSS services. (see HHS Process 5060, 13210, and 13430)

Additional Terms and Conditions:

- 1) It is necessary for you to conform to all applicable agency policies and procedures including personnel qualifications.
- 2) The number of visits assigned to you may fluctuate and is based on the patient caseload. There is no guarantee of the number of patients or visits that will be assigned to you each day.
- 3) Visits may be for the purpose of evaluation, admission, readmission, or revisit as indicated on the agreement. Visits made for the purpose of evaluation or admission will be discussed with the supervisor before the patient is accepted for care.
- 4) You will be expected to participate in the development of the plans of care for patients assigned to you and for coordination of services (including documentation) needed by these patients (i.e. conferencing with other disciplines, referring for additional services, recommendations for Aides, etc.) Discharge planning should be evident throughout the episode of care, and the number of visits should correspond to the needs of the patient.
- 5) It is necessary for you to get clear and accurate directions to the patient's home so as not to lose a visit or to incur unnecessary travel to locate a patient.
- 6) Every attempt should be made, including calling prior to a visit, to assure the patient is at home. Reimbursement for "not at home" visits must be approved by the supervisor.
- 7) Documentation, orders, summaries, and reports are to be written and submitted in accordance with agency policies and procedures.
- 8) Payroll timesheets and PCAS are to be submitted in a timely and accurate manner if they are to be processed timely. The immediate supervisor must approve payroll forms before being sent to the personnel office. All necessary paperwork and clinical

documentation required to support the payroll document MUST be completed before timesheets are submitted for payment. DHEC reserves the right to hold timesheets for incomplete documentation.

- 9) Reimbursement for in-service programs will be based on the region policy as follows: limit of _____ per year based on full time equivalency to include registration fees. (Employees working less than 100% will be supported for up to that percentage of _____; i.e., 50% employee would be funded for up to _____). Prior authorization is required from supervisor and other designated Region staff. DHEC requires that therapists have, on a regular basis, 4 in-services per year.
- 10) Fee for Service Staff will be evaluated on an ongoing basis, but at least annually on the following areas: responsiveness to referrals; patient and family response to services provided (i.e. level of satisfaction, compliments, complaints, etc.); appropriateness of the services (i.e. visit frequencies, recertification, timeliness of response to referrals, etc.); compliance with agency policies; observance of patients' rights and informing patients of their rights when indicated and clinical competency.

I understand and agree to the terms and conditions outlined in this agreement.

Employee
(Signature Employee)

(Signature Home Health Supervisor)

Date: _____

Date: _____

Subject: 6050 Medical Certification

Policy Statement:

All new home health care workers who will have contact with patients must have had a physical examination prior to employment. A two-step tuberculin skin test is also required, unless a previously positive reaction can be documented. These requirements are to assure that workers are medically capable of performing work tasks and are not infectious to others.

Regulations: Home Health License Regulations - Section 1002

Procedure:

All new home health care workers who will have contact with patients must have a Statement of Health Certificate completed by a physician or qualified health professional (Physician Assistant, Nurse Practitioner) after the offer of a job, but before actual employment. The physical examination may have been within one year before the first day of employment.

All Health Services employees who will be employed in positions that may place them at occupational risk for TB exposure must have a two-step PPD after the offer of a job but before actual employment, or upon employment before patient contact, with some exceptions as noted in the DHEC Employee Health Policy – Management of Employees with Occupational Risk for TB Exposure. (Appendix B of the TB Infectious Control Plan)

- A documented two-step skin test done in the three-month period prior to patient contact can be accepted for baseline status and another two-step is not required.
- Health Care Workers who provide a reliable documented negative tuberculin skin test within the previous twelve months will need only one additional tuberculin skin test to document baseline status for this employment. (DHEC TB Control Plan Appendix B)

Employee Health Nurses should be consulted immediately upon employment so the employee will be evaluated and followed by the employee health nurse.

Ongoing PPD requirements are defined per the DHEC TB Infection Control Plan. (dhecnet/hs/infection)

Date of Revision: May 2007

Procedure: Bullets added to 2nd paragraph re: skin testing. Bulleted information taken out of the TB Infection Control plan and added here to make it easier to access the information by home health staff.

Date of Revision: August 2008

Policy statement – few editorial revisions
“Qualified health professional” defined.

Subject: 6060 Safety**Policy Statement:**

It is the objective of the Department of Health and Environmental Control to conduct all operations as safely and efficiently as possible and to promote safety awareness among all home health employees. The responsibility, authority and accountability for safety is assigned to all management and supervisory personnel within their area of operation. Each home health employee is expected to work safely and to report any unsafe conditions to their supervisor.

Procedure:

1. It is important to assure that DHEC Home Health:
 - a. orients new home health workers to safety related home visiting in the community
 - b. studies and develops safe work methods and periodically trains employees in these methods,
 - c. provides workers with all reasonable safeguards to ensure safe working conditions,
 - d. provides workers with neat, clean, safe, and healthful working conditions,
 - e. maintains all equipment, tools, materials and machines in good repair, and
 - f. provides for safety of workers as much as possible on home health visits and in the working environment.
 - g. develops communication systems that enhance employees reporting to the office and/or being located when home visiting.
2. We must continuously work together to promote safe work practices, observing all rules and regulations and consistently maintaining property and equipment in a safe working condition. The employee should communicate with his/her supervisor if he/she has personal safety concerns. Police escort may be an option in some cases.
3. Supervisors will consistently enforce all rules and regulations, be alert for unsafe practices and conditions and take appropriate action to correct any irregularities.
4. Supervisors will investigate and complete accident report forms on all accidents in their assigned areas.
5. Each employee will have the responsibility of performing his/her own work in a safe and efficient manner and to report unsafe acts or conditions to his/her supervisor for corrective action.
6. The safety program will be directed by the agency Safety Committee. It will be its responsibility to administer a total safety effort at a staff level and to coordinate these efforts with all units of the department.
7. All personnel should remember that being alert to the work environment and hazards that exist can prevent accidents.
8. See the attached safety references.

STAFF SAFETY TIPS

1. Avoid going alone to neighborhoods known to be dangerous.
2. Plan time of visits to optimize safety and effectiveness.
3. Be alert and assess environment for potential dangers. Walk with confidence and purpose.
4. Follow security practices established by the local home health office/health department.
5. NEVER leave keys in the ignition.
6. Participate in self-defense / safety training as available
7. Develop positive relationships with law environment officers to enhance cooperative safety efforts. Visit the police and fire stations as needed.
8. Use official vehicles on field visits when available. If driving a personal vehicle, copy the tag and vehicle identification number and keep with driver's license in case the car is stolen. Emergency information should be kept on all employees in case of emergency.
9. Keep car doors locked at all times. Look under and around the vehicle and in the back seat before entering the car. Lock all doors and close windows when in or out of the vehicle.
10. Park in well lit and well traveled areas. Park your vehicle to allow for an easy exit
11. Wear seat belts.
12. Wear uniforms and official DHEC ID tags.
13. Carry a whistle for use if needed to draw attention to a situation. Carry a cell phone if possible.
14. Lock purse and other tempting articles in trunk of car before arriving at the home, someone may observe valuables moved to the trunk at the home.
15. Identify natural weapons, i.e., keys, rings, fingers, feet, belt, buckles, etc.
16. Avoid wearing conspicuous jewelry. Don't wear shoes or clothing that restricts movements.
17. Support legislation for strict penalties for assault of health department personnel.

18. Do not pick up hitchhikers or give rides to family members.
19. Avoid breakdowns and vulnerable situations by properly maintaining the vehicle. Maintain an adequate supply of gas.
20. Be wary of anyone who approaches the vehicle at intersections controlled by stop signs and stoplights.
21. Turn the vehicle off when refueling. Never smoke, light matches or use lighters while refueling. Do not get back in the vehicle during refueling. If re-entering the vehicle, discharge the static electricity build-up when getting out by touching the outside metal portion of the vehicle, away from the filling point, before attempting to remove the nozzle.

Approved/Revision: May 2003

Date of Revisions: November 2007

Policy Statement revised to match agency policy statement A.503.1
Few typos corrected
Procedure 1a and g moved here from Staff Safety Tips page
Safety tips #4 and 6 revised to show employee responsibility
Safety Tips #7 and #9 revised for clarity
Old Safety Tip #10 deleted as duplicate information
Exit strategy added to new Tip #10

HOME VISIT SAFETY AWARENESS

* Use available resources

- to learn about the neighborhood (Home Health Services, Law Enforcement Agency list of known places where police escort or dual visits needed.)
- to prepare for visit (phone ahead, inform someone in the office of a schedule, where you are going, time expected back in the office, report in once back in the office)
- to facilitate safety during the visit (state car, uniform, DHEC ID Badge)

* Timing

- Use common sense and pre-encounter data from available resources to plan the home visit time.
(Avoid Friday, Saturday and Sunday evenings)
(Visit in the morning if possible)

* Risk Factors

- Go directly to location for home visit
(avoid crowds)
(avoid confrontational role)
- Be aware that you are a guest in the client's home and that your attitude/presentation will have an effect.
- Use judgment to end/continue home visit depending on circumstances encountered in the home. (If a situation makes you feel uncomfortable, leave!)
- Use seat belts - drive defensively

* Pets and Other Animals

- Arrange with the patient prior to the visit to contain the pet or animal.
- Back, do not run, from dogs.
- Walk around cows, pigs, and other farm animals to avoid frightening them.

References:

Columbia Police Department Crime Prevention www.columbiasc.net/city/auto.htm DHEC
Workplace Violence Policy

National Crime Prevention Council www.ncpc.org

Petroleum Equipment Institute www.pei.org

Street Smarts Video for Health Care Workers - KLM Communications, Inc.

Anemaet, Wendy, Home Rehabilitation. Mosby, 2000, pages 26-28.

Preventing Falls, Blueprint for a Safe Home, DHEC Pamphlet/MAC6/02 CR003661

Addendum Laptop Computers Issues in Body Mechanics

(Resources for this handout: a combination of information from an Ontario Ministry of Labour website and information from a home/community health listserv of the American Occupational Therapy Association)

Since the keyboard and screen on a laptop computer are attached, it is often difficult to position the computer to get a comfortable posture for both keyboarding and viewing. Either the keyboard is too high or the screen is too low. The importance of optimum posture increases as the duration and frequency of computer use increases. Awkward postures can be tolerated for short periods of time. Laptops are not ideal for extended periods of use; however, they are increasingly used in this manner. Below are some good practices:

General:

- Whenever possible, place the laptop on a flat surface to use. Avoid using your lap as a table. Not only is the laptop in an unstable position, but also the heat from the bottom of the laptop can cause a safety issue for your legs.
- Tilt the screen back to 110-150°.
- Bifocal users should take extra care to position the screen to allow viewing without awkward head positions.
- Take short "micro-breaks" frequently. Focus on a distant object for a few seconds.
- Optimize viewing conditions:
 - Maintain a comfortable viewing distance (in the range of 16" – 28").
 - Place laptop to minimize glare from lights and windows
 - Adjust brightness and contrast to suit lighting conditions.
 - Keep screen clean.
- Have regular eye examinations and inform your eye care provider of your computer use.
- If you will be using the laptop for an extended non-stop period of time in excess of 1 hour, it is recommended to connect a desktop keyboard to the laptop and elevate the laptop. This will allow proper positioning for keyboard entry as well as head position for viewing the monitor.

Vehicles:

- Be aware of using proper body mechanics when placing the laptop and other equipment into the vehicle or taking it out.
- Store the computer and other equipment in a manner that avoids long reaches. Long reaches (particularly behind the body reaching from the front to the back seat) and twisting at the waist during lifting increase the risk of injury. For example, this can occur if the computer or other equipment is stored in the back of a two-door vehicle. If a strap or other

Subject: **6061** Reducing the Risk of Back, Shoulder, Neck Injury for Home Visiting Staff

Policy Statement:

In order to minimize neck, back, shoulder, and other injuries, the following guidelines for home care workers carrying more than one bag containing equipment and supplies to home visits have been established. In addition to the appropriate precautions, maintaining physical fitness is an important way to maintain strength, flexibility, and avoid injury.

Standards:

1. It is expected that staff making home visits take a laptop into the home to document services provided to the patient.
2. Carrying a laptop without a case is not acceptable.
3. The laptop bag must not also contain patient care equipment or medical supplies.
4. When staff needs to carry a laptop and another bag (e.g. nursing bag, patient supplies), it is recommended that the laptop be carried in a rolling bag that meets home health program requirements. Furthermore, it is recommended that the other bag be placed on top of the rolling bag (piggyback).
5. In the event that the bag cannot be rolled, each bag will be carried separately and two or more trips need to be made. Some examples include:
 - Uneven terrain
 - Curbs
 - Stairs
 - Inclement Weather
6. Proper body mechanic principles as outlined in the addendum need to be followed. These categories include:
 - General Principle
 - Vehicles
 - Carrying only the laptop
7. Home health rolling bag required specifications:
 - waterproof case
 - able to accommodate the size of the laptop
 - sturdy, durable wheels.
 - long enough handle to alleviate back strain and avoid kicking during stride
 - adjustable, wide, well padded strap for carrying the bag on the shoulder.

Note: Standards listed in the policy will pertain only to laptop bags purchased after the date of approval of this policy.

Date of Approval: 11/05

Date of Revision: August 2008

Few editorial changes

Policy 6061 - Addendum Laptop Computers Issues in Body Mechanics

(Resources for this handout: a combination of information from an Ontario Ministry of Labour website and information from a home/community health listserv of the American Occupational Therapy Association)

Since the keyboard and screen on a laptop computer are attached, it is often difficult to position the computer to get a comfortable posture for both keyboarding and viewing. Either the keyboard is too high or the screen is too low. The importance of optimum posture increases as the duration and frequency of computer use increases. Awkward postures can be tolerated for short periods of time. Laptops are not ideal for extended periods of use; however, they are increasingly used in this manner. Below are some good practices:

General:

- Whenever possible, place the laptop on a flat surface to use. Avoid using your lap as a table. Not only is the laptop in an unstable position, but also the heat from the bottom of the laptop can cause a safety issue for your legs.
- Tilt the screen back to 110-150°.
- Bifocal users should take extra care to position the screen to allow viewing without awkward head positions.
- Take short "micro-breaks" frequently. Focus on a distant object for a few seconds.
- Optimize viewing conditions: .
 - Maintain a comfortable viewing distance (in the range of 16" – 28").
 - Place laptop to minimize glare from lights and windows
 - Adjust brightness and contrast to suit lighting conditions.
 - Keep screen clean.
- Have regular eye examinations and inform your eye care provider of your computer use.
- If you will be using the laptop for an extended non-stop period of time in excess of 1 hour, it is recommended to connect a desktop keyboard to the laptop and elevate the laptop. This will allow proper positioning for keyboard entry as well as head position for viewing the monitor.

Vehicles:

- Be aware of using proper body mechanics when placing the laptop and other equipment into the vehicle or taking it out.
- Store the computer and other equipment in a manner that avoids long reaches. Long reaches (particularly behind the body reaching from the front to the back seat) and twisting at the waist during lifting increase the risk of injury. For example, this can occur if the computer or other

equipment is stored in the back of a two-door vehicle. If a strap or other item catches while lifting, sudden, high forces are placed on the muscles and joints involved, greatly increasing the possibility of injury.

- Laptop computers should not be used by the operator/driver of the vehicle while the vehicle is in use. The vehicle should be safely parked while the operator/driver is using the laptop computer.
- When using the laptop in the vehicle, it should be positioned directly in front of you rather than off to one side. Move the seat as far back as possible, or move to the passenger seat if necessary. Place the laptop on a briefcase or other flat object to allow for a level typing surface.
- Position your vehicle so as to minimize glare, if possible. Use the visors and possibly a roll down blind that attaches to the window.

Carrying only the laptop:

- If carrying the laptop in a shoulder bag, the shoulder strap should be wide and well padded.
- When carrying the laptop over any distance, shift the load from side to side and between hands and shoulders.
- Batteries add weight. Avoid carrying an extra battery if you know you will have access to AC power.
- Avoid putting a lot of extra materials into your laptop case. Use another brief case if needed. This will reduce the load on one side and better balance the overall load.
- Avoid carrying a lot of hard copies of documents in the computer case.
- Backpacks are a good alternative when carrying over uneven terrain or in snowy conditions. (The rule of thumb for carrying backpacks is the contents of the pack should be no more than 10% of the person's body weight.)

Subject: 6070 Fraud and Abuse

Policy Statement:

The program will adhere to and enforce all relevant state and federally mandated penalties of fraud and abuse violations. Each new employee, contract employee, hourly employee, staff, and volunteer will review the policy during orientation and annually thereafter. Reporting procedures should be followed when fraud or abuse is detected.

Regulation: HIM-11, 106, 106.1, 106.2, and 106.3
Health Care Anti-kickback Statute

Definitions:

1. Fraud is defined as intentional misrepresentation leading to compensation. Considered as a felony, the penalty required by law for conviction of fraud includes a fine and/or imprisonment. Administrative remedies may be invoked including state licensing board reporting; withholding of payments; revocation of assignment privileges and withdrawal of favorable presumptions (waiver of liability). The following are examples of fraudulent acts within Home Health:
 - a. recording or billing by staff or contractors for services that were not provided;
 - b. altering claim forms or patients records;
 - c. intentionally billing twice for the same service;
 - d. claims that manipulate payment codes in an effort to inflate reimbursement amounts
 - e. soliciting, offering or receiving kickbacks, rebates, or additional compensation from patients, physicians, equipment suppliers or hospitals;
 - f. false representation or recording of services provided e.g., documenting homebound status of a non-homebound patient
 - g. recording of travel mileage not incurred;
 - h. collusion with another party to commit a fraudulent act;
 - i. failure to report a fraudulent act on the part of another party;
 - j. improper use of state vehicles, supplies, equipment and/or property.
2. Abuse is defined as excessive and/or poor quality care that is inconsistent with good business or proper medical practices. Penalties for abuse include fines and/or prison sentences. Administrative remedies may also be invoked including state licensing board reporting and withholding of payments; revocation of assignment privileges; withdrawal of favorable

presumptions (waiver of liability). The following are examples of abusive acts within Home Health:

- a. submitting claims for fasting blood sugars twice/week when the patient's blood sugar has been stable for months and no orders for insulin changes are issued;
 - b. excessive charges for services and/or supplies;
 - c. failure to maintain adequate records or accounting to substantiate cost;
 - d. improper billing practices including submission of bills to Medicare instead of Third Party Payers which are primary to Medicare;
 - e. knowingly providing medically unnecessary care;
 - f. intentionally withholding medically necessary services in an attempt to save costs;
 - g. high or different fee schedule for Medicare vs. non-Medicare patients, unless otherwise stipulated by contract.
3. The Medicare Office of Inspector General does not prosecute individuals or entities that merely commit errors or mistakes.

Procedures:

When fraud and/or abuse is suspected, the following procedures should be immediately implemented:

1. Upon determining that a fraud or abuse situation may exist, the staff person should report the suspicion to his/her supervisor. The Home Health Nurse Administrator should report suspicion to the Region Administrator within 24 hours of being notified. The Region Administrator is then responsible for reporting the suspicion to the Home Health Division Director within 24 to 48 hours of receiving the report from the Home Health Nurse Administrator.
2. Depending on the complexity and severity of the case, each will be investigated by either region or division staff within seven working days. Based on the complexity and nature of the case, consultation and assistance should be requested from the Office of Internal Audits, the Office of General Counsel and the Division of Personnel Services. Within 48 hours of completion of the investigation, a written summary of the circumstances should be submitted to the Division Director, Internal Auditor and Personnel.
3. Region Supervisory staff should take the following steps to initiate an investigation of services (or lack of services) suspected of being fraudulent or abusive:

- a. hold all of the individual(s)' payroll time sheets and PCAS sheets that are scheduled to be submitted;
- b. hold any payroll and/or travel checks due the individual(s) until the review is completed;
- c. get a computer printout of all patients receiving services from the individual(s) either from the time the suspected fraud or abuse occurred or from the time the individual(s) was employed if appropriate and indicated;
- d. hold all bills for visits to patients that are in question;
- e. conduct telephone interviews of patients who were listed as having been seen based on the computer listing; since patient recall of events in the distant past may not be accurate, caution is advised regarding inquiring about services provided;

When calling the patient, the supervisor should begin the conversation in a manner similar to this:

Hello Mr./Mrs. _____. My name is _____. I am the supervisor for _____ (county) Home Health Services. I understand that you are one of our patients and I am calling to find out from you if you feel we are meeting your needs. Is there anything else that we can do for you? (Pause)

I understand that you had a _____ (type of visit) by _____ (name of staff) on _____ day. Was everything satisfactory with that visit? (Pause)
Well, we want you to know that we're glad to be able to serve you and if for any reason you feel we can do a better job helping you, please call me at _____.

- f. Depending upon the situation, visits to patients' homes may be necessary to determine if documentation accurately represents patient situations, abilities and types of services or supplies provided.
4. After the facts of the case have been identified and documented, the Division Director, Internal Auditor and/or Personnel Director will review the case and make a determination of the appropriate action to be taken. Actions may be either one or a combination of the following:
- a. full disclosure to the fiscal intermediary or other third party payers with a plan for repayment of funds fraudulently obtained;
 - b. full disclosure to the appropriate licensing authorities for reprimand, revocation or suspension of professional license;
 - c. full disclosure to other authorities who may have a need to know the circumstances of the case; i.e., attorney general's office;
 - d. termination/suspension from employment;
 - e. legal (civil) action that may be deemed necessary based on the circumstances of the case and based on recommendations from the DHEC Office of General Counsel.

Approved/Revision: August 2003

Date of Revision: February 2008

District changed to Region
PNS changed to Home Health Nurse Administrator
Administrative penalties include in Fraud definition
Definitions: 1d added
Definitions: old 1“e” and old 1“h” combined
Definitions: 2f added
Definition #3 added
Procedure 2e – “surveys” changed to “interviews”
Procedure 3 – revised to clarify section is related to direct services
Procedure 3f added
Expectation that policy is signed during orientation and annually removed. Compliance plan will hold annual signature.

HOME HEALTH SERVICES
POLICY AND PROCEDURE
AGENCY SERVICES
SECTION 7000

Last Revision:

7010	Skilled Nursing Services	August 2008
7020	Services Provided by Licensed Practical Nurse	November 2007
7030	Home Health Aide Services	November 2006
7030N	Home Care Aide Services for Non-Certified Patients	August 2007
7031	Home Health Aide Training and Competency	November 2006
7040	Nutrition Services	August 2007
7050	Medical Social Work Services	May 2006
7060	Supervision of the Social Work Assistant	May 2003
7070	Occupational Therapy Services	August 2008
7080	Occupational Therapy Assistant Services	May 2003
7090	Supervision of the Occupational Therapy Assistant	February 2008
7100	Physical Therapy Services	May 2006
7110	Physical Therapy Assistant Services	May 2003
7120	Supervision of the Physical Therapy Assistant	August 2007
7130	Speech Therapy Services	May 2006

7140	Services Under Contractual Arrangements	August 2008
7150	Evaluation of Contracts	May 2006
7151	Additional Responsibilities of Contract Providers of Therapy Services	August 2008

Subject: 7010 Skilled Nursing Services

Policy Statement:

Skilled nursing service is provided by or under the supervision of a registered nurse and in accordance with the plan of treatment.

The registered nurse is responsible for the provision of safe, competent nursing care, which includes assessment, teaching and the administration of treatments/medications as prescribed by a licensed physician, podiatrist or dentist. After making an assessment of the competence and training of the licensed practical nurse (LPN), a registered nurse may assign selected functions to a LPN. When the LPN is assigned, the registered nurse must make a supervisory visit to each patient on a monthly basis.

Regulations: COP 484.55 (a) (b)
G168 - G178; G223
CHAP HHII.2c

Procedure:

The duties of the registered nurse include the following:

- a) making the initial and on-going evaluation visit to assess the client's needs, including OASIS assessments at appropriate time points,
- b) assisting the physician with the development of an appropriate plan of treatment,
- c) initiating the plan of treatment and revising it as necessary,
- d) providing services requiring substantial specialized nursing skill,
- e) initiating appropriate preventive and rehabilitative nursing procedures,
- f) evaluating the patient's continuing progress, and documenting the attainment of treatment goals by the patient through clinical, progress, recertification, and discharge notes,
- g) coordinating services with the multidisciplinary team and other community resources,
- h) informing the physician and other personnel of changes in the patient's condition and needs,
- i) counseling and educating the patient and family regarding the disease process, self care techniques, patient care, and health promotion/preventive strategies,
- j) supervising LPN/LVNs and paraprofessionals providing services
- k) assigning home health aide service to a specific patient,
- l) making referrals to other services as needed,
- m) planning for discharge from services on the initial visit,
- n) promoting patient/family independence,
- o) and participating in education programs.

See the Home Health Services Manual of Clinical Policies and Procedures and Section 3000 of this manual for more information.

Date of Approval: May 2003

Date of Revision: May 2006
Procedure: k added

Date of Revisions: August 2008
Editorial Revisions only

Subject: 7020 Services Provided by a Licensed Practical Nurse**Policy Statement:**

Under the direct supervision of the registered nurse, provides care to individuals within established guidelines in the community setting. The practice of licensed practical nurses must be in accordance with South Carolina state law and agency policies.

Regulations: G179 – G183**Procedure:**

1. All licensed practical nurses working in Home Health Services must:

- a. have a documented supervisory visit by a registered nurse at least monthly. This supervision must include a visit to the home, but not necessarily a joint visit. Supervisory home visits are documented, dated and signed by the supervising professional.
- b. report on a weekly basis to the registered nurse.

In life threatening situations, the LPN reports to the RN as soon as the life-threatening situation is under control. If the situation is not life threatening, the RN must be called prior to taking the needed action. The LPN is expected to follow the agency's emergency procedures. The LPN may call the MD and take a VO from the MD, but the ultimate responsibility for changes in the careplan rest with the RN. Examples of situations where the LPN should notify the RN before taking action include but are not limited to:

- (1) leaking foley catheters,
- (2) change in wound status
- (3) decreased pulse in a patient on cardiac medications
- (4) newly identified peripheral edema.

It is the responsibility of the registered nurse to follow-up immediately.

2. Duties of the qualified Licensed Practical Nurse (L.P.N.) working under the supervision of a registered nurse include:

- a. providing nursing services in accordance with agency policies and procedures,
- b. preparing clinical and progress notes,
- c. assisting the physician and/or registered nurse in performing specialized procedures and duties,
- d. assisting the registered nurse in carrying out the plan of care,
- e. assisting the patient in learning appropriate self-care techniques,
- f. observing and evaluating patient progress and discussing these observations with the registered nurse,

3. Venipuncture by Licensed Practical Nurse:

Venipuncture is a technical procedure and is frequently performed by persons other than registered nurses. To promote better utilization of personnel, the licensed practical nurse may obtain blood samples by venipuncture, utilizing universal precautions. He/she may not administer fluid or medications intravenously.

4. Gastrostomy tube change: As long as the gastrostomy tube is established, a licensed practical nurse may change the tube.

5. Suprapubic catheter change: As long as the suprapubic catheter is established, a licensed practical nurse may change the catheter.

Approved/Revision: May 2003

November 2007 Revisions:

Policy statement revised to match the Office of Nursing

Procedure 1a revised to match CHAP wording

Old 2d removed – and 2 g moved to 2d

Subject: 7030 Home Health Aide Services

Policy Statement:

Home health aide services are provided as an extension of and under the clinical supervision of skilled nursing and/or therapy services to assist the patient toward independent living with maintenance of daily living activities in a safe and comfortable environment. The aides immediate supervisor must be a registered nurse.

Regulations: CHAP HHII.2c 3 / HHIII.1e1
G226

Procedure:

1. The home health care registered nurse/therapist assigns patients to the home health aide.
2. The home health care registered nurse or therapist gives written instructions for patient care to the home health aide, as appropriate.
3. The duties of the home health aide include the following:
 - a. follows Home Health Services Policy and Procedure 3120: Home Health Aide Visit Protocol
 - b. performs simple procedures as extensions of therapy and/or nursing services, including the wrapping of a healed stump* and gastrostomy tube feedings*
 - *c. performs more complex or additional home health aide duties as appropriate to the patient's plan of care.
 - d. assists with patient personal care (evaluated in basic competency determination)
 - e. assists with patient ambulation and exercise (evaluated in basic competency determination)
 - f. provides nutritional support, as appropriate
 - g. provides household services essential to health care in the home
 - h. assists with patient medications that are ordinarily self-administered
 - i. assists a family caregiver to reapply a wound dressing* that is ordered removed during bathing
 - j. reports changes in patient conditions and patient needs.
 - k. assists professional staff in evaluating outcomes of care
 - l. completes appropriate patient clinical records.
 - m. other supportive tasks as assigned

*denotes procedures that may be performed by home health aide with appropriate training. Appropriate training is received as a part of a recognized nursing assistant training program or may be provided as a part of inservice education for aides already on staff. Skills and ability to perform these and other procedures are validated by documented satisfactory return demonstrations during orientation and periodically during supervisory visits by the registered nurse.

4. The home health aide may not:

- a. administer injections
- b. administer medications or treatments
- c. change sterile dressings
- d. perform catheterizations or irrigations
- e. perform rehabilitation procedures, which require nursing or physical therapy competency
- f. be assigned to a home where there is a communicable disease unless the aide has received appropriate training, and has training on the appropriate use of Personal Protective Equipment
- g. be assigned to a home where housekeeping or "sitter" services are the primary needs
- h. be assigned to a home for lengthy periods of time or for around-the-clock services
- i. cut nails of patients with diabetes, circulatory problems or if taking any type of blood thinner.
- j. perform dressings on infected wounds or pressure sores
- k. administer enemas that are not a part of an established bowel program
- l. apply any form of heat or cold
- m. apply prescription solutions, irrigations, or ointments
- n. apply an ostomy pouch to an unhealed colostomy

The following list of additional skills has been approved for performance by Home Health Aides by the State Board for South Carolina Practice and Standards Committee (November 1990). These additional skills as evaluated in the accompanying checklists were determined by the Board to be consistent with the "tasks which may be delegated and performed under supervision" by unlicensed personnel according to the Nurse Practice Acts for S.C., 1989.

SC Department of Health and Environmental Control Checklist for additional home health aides skills demonstration:

- .Refers to more complex Home Health Aide duties/skills than those evaluated for determining basic competency.
 1. Blood Pressure
 2. Clean Dressing Change
 3. Cleansing Enemas
 4. Catheter Care
 5. Changing Ostomy Bag
 6. Infection Control Procedures
 7. Changing Urinary Drainage Bags
 8. Changing Urinary Drainage Leg Bags
 9. Application of Dressing Wafer to Non-Infected Wound
 10. Application of Transparent Dressing to Non-Infected Wound
 11. Working safely with Oxygen

12. Applying the External Urinary Catheter
13. Gastrostomy Tube Feedings
14. Gastrostomy Tube Dressing Change
15. Applying Protective Skin Barriers
16. Wrapping a Healed Stump with an Elastic Bandage
17. Applying Special Support Stockings
18. Bathing an Infant Using a Bathinette or Basin
19. Bottle Feeding the Infant
20. Giving the Infant a Sponge Bath
21. Transferring the Patient with a Mechanical Lift
22. Transparent Dressing Changes to Non-Infected Wound
23. Wet to Dry Dressing Changes with NS on Clean Non-Infected Wound.

More complex Home Health Aide tasks can be delegated only to Aides who have demonstrated 100% skill competency in these specific additional skills.

References:

Nurse Practice Act

Community Health Accreditation Program (CHAP): Home Health II.2c 3

Date of Approval: May 2003

Date of Revision: May 2006

Policy Statement – revised to indicate that clinical supervision can be by nursing or therapy staff but that the immediate supervisor / administrative supervisor must be a nurse.

Procedure: 3k added

Additional skill - Bottle Infant Formula Sterilization removed.

Sterilization of bottles no longer required

Date of Revision: **November 2006**

#4i revised to include patients with circulatory problems. This matches the clinical aide policy 11.25

Additional duties:

preparing infant formula and signs of skin infection removed to match policies in clinical manual section 11

#21 “Hoyer” changed to “Mechanical” to match clinical policy

#22 added

Subject: 7030N Home Care Aide Services for Non-Certified Patients**Policy Statement:**

Home Care Aide services are provided to non-certified patients not receiving nursing or therapy skilled services to assist the patient toward independent living with maintenance of daily living activities in a safe and comfortable environment.

Procedure:

1. The home health care registered nurse assigns patients to the Home Care Aide for personal care / homemaker duties.
2. The home health care registered nurse provides written instructions for the aide based on the duties requested for each patient.
3. The duties of the home health aide may include the following:
 - a. follow Home Health Services Policy and Procedure 3120-N: Home Care Aide Visit Protocol for Non-Certified Patients
 - b. patient personal hygiene
 - c. patient ambulation and exercise
 - d. environmental services essential to health care at home
 - e. assistance with patient medications that are normally self-administered, including assisting the family in reapplying a wound dressing that needed to be removed with bathing*
 - f. assistance with meal preparation
 - g. reporting changes in patient conditions and patient needs
 - h. completing appropriate patient clinical records

*denotes procedures that may be performed by home care aide with appropriate training. Appropriate training is received as a part of a recognized nursing assistant training program or maybe provided as a part of inservice education for aides already on staff. Skills and ability to perform these and other procedures are validated by documented satisfactory return demonstrations during orientation and periodically during supervisory visits by the registered nurse.

4. The home health aide may not:
 - a. give injections
 - b. give medications or treatments
 - c. change sterile dressings
 - d. perform catheterizations or irrigations
 - e. perform rehabilitation procedures which require nursing or therapy competency
 - f. be assigned to a home where there is a communicable disease unless the aide has received appropriate training and the training is documented in his/her personnel folder.
 - g. cut nails of a diabetic patient or of a patient receiving anti-coagulant therapy
 - h. change dressings on infected wounds or pressure sores

- i. give enemas that are not a part of an established bowel program
- j. apply any form of heat or cold
- k. apply prescription solutions, irrigations, or ointments
- l. apply an ostomy pouch to an unhealed colostomy

Approved/Revision: May 2003

August 2007 Revisions

Reference to PCA/homemaker services revised to be "home health aide"

Subject: 7031 Home Health Aide Training and Competency

Policy Statement:

Effective February 14, 1990, Regions will only employ home health aides who have completed a training and competency evaluation program as defined by CMS.

Effective 8/14/91 in addition to competency evaluation, the minimum entry training requirement to become a home health aide will be at least a basic home health aide or nursing assistant program consisting of a minimum of 75 hours. The curriculum for the training course should meet the content requirements as specified in 42 CFR Part 484.36 (a) Medicare Conditions of Participation for Home Health Aide Training. Training will be documented by the presence of a certificate or some other written documentation that outlines the content and hours of training.

An individual is considered to have successfully completed a training program only if they have worked as an aide sometime in the 24 months immediately after completion of the 75-hour training program. It is acceptable for DHEC Home Health to be the first employer of an aide after their completion of the 75-hour course. If the individual completed the training course and work requirement but has not worked as an aide recently they still qualify for employment.

Upon employment, the aide must be evaluated for competency by DHEC staff. A RN who has 2 years experience as a registered nurse must perform the competency evaluation. One year of the RN's experience must have been in Home Health Services with 6 months experience supervising home health aides.

Documentation of initial competency evaluation will be maintained.

Purpose:

1. To ensure that home health aides are competent to perform the services they are assigned to perform.
2. To be in compliance with OBRA '87 and the Medicare Conditions of Participation.

Regulations: G tag 204-222

Procedure:

1. Each home health agency must have a plan in place by February 14, 1990, which addresses how they will meet the requirements for OBRA '87.
2. Home health aides currently employed will complete a competency evaluation program by August 1990. The competency evaluation will consist of a written and skills assessment portion.
3. Competency evaluations must be performed in the home or lab setting, not on a

mannequin, including direct observation of all tasks the aide is expected to perform. The competency evaluation is signed and dated by the RN. These basic competencies include: communication skills, observation, reporting, and documentation of patient status and the care furnished, reading and recording temperature, pulse, and respiration, basic infection control procedures, basic elements of body function and changes that must be reported to an aide's supervisor, maintenance of a clean, safe, and healthy environment, recognizing emergencies and knowledge of emergency procedures, the physical, emotional, and developmental characteristics of the populations served by the HHA (includes respect for privacy and or patient's property) appropriate and safe techniques for personal care (including bed, bath, sponge, tub, or shower bath; shampoo, sink, tub, or bed; nail and skin care, oral hygiene, safe transfer techniques and ambulation, normal range of motion and positioning, adequate nutrition and fluid intake, any other task that the Home Health Agency may choose to have the home health aide perform (Federal Register, Vol. 54, No. 155, Monday, August 14, 1990,33357-33358).

4. In accordance with agency policies and procedures, after successful completion of 12 months probationary period, a performance review will be completed, dated, and signed by the employee and supervisor, at least annually based on:
 - a. Information gathered in the course of aide supervisory visits by the RN based on the testing and observation of skill performance.
 - b. Information gathered through annual self-evaluation using the skill checklist as a guide.
5. A minimum of 12 hours of in-service education will be provided annually. In-service plans for home health aides will be developed annually.
In-service education may include:
 - a. Formal classroom instruction, i.e., CPR training
 - b. Independent study with a mechanism for evaluation
 - c. Direct one on one instruction.
6. Home health aides will not be assigned to patients whose needs exceed the skills of the aide. Appropriate training must be provided and documented on a competency checklist. Completed documentation will be filed in their personnel record. Training must include not only competency determination, but also ongoing instruction prior to and/or during the assignment and performance of additional skills by the Home Health Aide. Competency to safely perform a more complex additional skill or duty is also validated by documented satisfactory return demonstration of performance behaviors identified in the skill checklist (Skills checklist maybe developed from a recognized text/resource) that are used to evaluate performance of a given skill. The Home Health Aide may not perform an additional skill in the home until satisfactory return demonstration of 100% of the performance behavior included in the skill checklist has been documented. If the aide is not competent in one or more areas, additional training will be provided. This may be counted as a part of the required in-service education. Nurses/therapists making home health aide assignments will be knowledgeable of the skills of each home health aide to ensure that assignments are made appropriately.

7. Periodic record reviews, supervisory visits, and supervisory conferences will be held to monitor the assignments of home health aides to be sure they match the skills needed. This will be documented through usual supervisory methods.
8. Weaknesses identified during supervision or as a part of the annual performance review can be used as the basis for in-service education.
9. See Policy and Procedure 7030 for list of additional skills approved for performance by Home Health Aides.

References:

Nurse Practice Act

42 CFR Part 484.36 (a) Medicare Conditions of Participation for Home Health Aide Training
Community Health Accreditation Program (CHAP): Home Health II.2c 3; HHII.5n; HHIII.1d

Date of Approval: May 2003

Date of Revision: **November 2006**

Policy Statement 3rd and 4th paragraph revised for clarity.

“District” changed to “Region”

Procedure #9 edited to remove reference to checklists in clinical manual.

Subject: 7040 Nutrition services

Policy Statement:

In accordance with the patient's plan of care, a qualified registered dietitian, who has met the educational and professional requirements of the American Dietician Association, provides nutrition services.

If a registered dietitian is not employed by Home Health services, the nursing staff may consult with the Region Director of Nutrition or the Central Office Nutrition Consultant regarding prescribed diets. If the patient was discharged from the hospital on a modified diet, a copy of the diet should be requested from the hospital and be incorporated in the patient's clinical record.

Purpose:

1. To provide nutrition services to patients, as necessary.

Procedure:

1. Nutrition services by a qualified registered dietitian are provided in accordance with patient plans of care.
2. The duties of the registered dietitian include the following:
 - a. assessing the nutritional needs of clients
 - b. consulting with the physician to revise the client's plan of care as needed
 - c. advising, teaching and consulting with client/family and staff regarding special dietary regimens and nutritional requirements,
 - d. evaluating the client's progress and documenting the attainment of goals through preparing clinical, progress, recertification and discharge notes,
 - e. coordinating services with other disciplines as appropriate
 - f. participating in multidisciplinary team conferences as necessary,
 - g. participating in education programs.

Approved/Revision: July 1992

August 2007 Revisions:

District changed to Region
Duties revised to match CHAP language

Subject: 7050 Medical Social Work Services

Policy Statement:

Medical Social Work Services are provided by a qualified social worker who has a Master's degree in social Work from a school accredited by the Council on Social Work Education, has at least one year of social work experience in a health care setting (see .42 CFR 484.4), and is licensed by the S. C. Board of Social Work Examiners. Medical Social workers provide medical social services to patients for the purpose of identifying and resolving social and emotional problems affecting the individual's health status or treatment plan.

In exceptional cases, services may be provided by a qualified social work assistant when prior written approval is obtained from the Social Work Consultant in conjunction with the Office of Social Work. A qualified social work assistant is licensed by the S.C. Board of Social Work Examiners and has either a Master's degree in Social Work with field placement experience but less than one year of paid experience or a Baccalaureate degree in Social work with one year of social work experience in a health care setting.

Regulations: G143, G162, G194 – 201
CHAP HHII, 2f

Procedure:

1. Medical social services by a qualified social worker, or by a qualified social work assistant under the supervision of the qualified social worker, are provided in accordance with patient plan of care,
2. The role and responsibilities of the social worker include the following:
 - a. provides assessment of social and emotional factors related to the patient's health status.
 - b. in consultation with the physician and other team members develops and revises patient plans of care that are sensitive to cultural practice and client preferences.
 - c. counsels patients and families regarding long-range planning and decision making.
 - d. provides short-term therapy to the patients and families to promote adjustment to illness and care and improved response to treatment.
 - e. assists in accessing community resources through education, advocacy, referral, and linkage.
 - f. acts as a consultant to physicians and interdisciplinary team members in understanding the significant social and emotional factors related to the health problems.
 - g. participates in multidisciplinary team conferences and coordinates services with other disciplines providing care
 - h. evaluates the patients' outcomes of care and documents the continuing

- progress toward goals in daily notes, progress to goals (or reasons for lack of progress), recertification summaries, and discharge notes
- i. participates in discharge planning.
- j. documents service delivery through clinical and progress notes and performs timely completion of other required reports.
- k. participates in educational programs

Date of Approval: May 2003

Date of Revision: May 2006

Policy statement – Paragraph two – contacting Licensure and Certification deleted as this step is no longer necessary.
Procedures b, g, h and k added

Subject: 7060 Supervision of the Social Work Assistant

Policy Statement:

Social work assistants will be supervised by a qualified social worker to ensure provision of quality social work, services to patients.

Regulations: 42 CFR 484.34, G tag 194

Procedure:

1. A qualified social worker* (see 42 CFR 484.34) will review and approve the assistants' initial assessments, care plans, recertifications and discharge plans, as evidenced by the supervisor's co-signature.
2. A qualified social worker will make periodic joint visits as needed, at least every 6th to 8th visit, as evidenced by the supervisor's co-signature and comments.

Subject: 7070 Occupational Therapy Services

Policy Statement:

Occupational therapy services offered by the agency are provided by or under the supervision of a qualified registered occupational therapist licensed by the South Carolina Board of Occupational Therapy.

Regulations: G143, G162, G185, G186, G187, G188, G189, G190, G333, G336
CHAP HHII.2d

Procedure:

1. The agency provides occupational therapy services directly or under contractual arrangements.
2. All occupational therapy services offered by the agency are in accordance with patient's plan of care and documentation is in accordance with agency policies, procedures, and processes.
3. The duties of the occupational therapist include the following:
 - a. provides initial and ongoing assessments to determine level of functioning, including OASIS assessments at appropriate time points.
 - b. provides therapeutic treatments and evaluation of equipment needs to improve functional level.
 - c. consults with the physician and other team members to develop and revises patient plans of care that are sensitive to cultural practice and client preferences.
 - d. evaluates patient's outcomes of care and documents the continuing progress toward goals in daily notes, progress to goals (or reasons for lack of progress), recertification summaries, and discharge notes
 - e. advises, teaches and consults with family and agency personnel in proper therapy techniques
 - f. participates in multidisciplinary team conferences as necessary
 - g. includes patients/families in discharge planning which would include utilization of appropriate community resources
 - h. supervises occupational therapy assistants and home health aides as required
 - i. makes the initial evaluation visit and establishes the treatment plan of care for qualified occupational therapist assistants
 - j. reassesses the plan of care at least every thirty days or when 6 consecutive visits have been made by the assistant and
 - k. participates in education programs

Date of Approval: November 2003

Date of Revision: May 2006 3A thru d revised to more closely match CHAP wording and j added

Date of Revision: August 2008

3j – Made supervision requirements match the SC OT Licensure Law. Changed from 7 consecutive visits to 6.

Subject: 7080 Occupational Therapy Assistant Services

Policy Statement:

Services of a qualified occupational therapy assistant who is licensed as a certified occupational therapy assistant by the SC Board of Occupational Therapy may be furnished under the supervision of a qualified registered occupational therapist to ensure provision of quality occupational therapy services to patients in accordance with agency policies and procedures.

Regulations: 42 CFR 484.32(a) Gtag 190, G191, G192

Procedure:

The therapy assistant's duties include the following:

1. participation in implementation of therapy services planned, delegated, and supervised by the therapist and that are sensitive to cultural practice and preferences of client,
2. preparation of patient clinical notes,
3. participation in educating clients and client families,
4. participation in other educational programs, and
5. participation in case coordination conferences and other agency meetings as applicable.

Subject: 7090 Supervision of the Occupational Therapy Assistant

Policy Statement:

Services provided by a qualified occupational therapy assistant will be supervised by an occupational therapist.

Regulations: G184, G185, G186, G186, G187, G188, G189, G190, G191, G192 HH11.1c HH111.1e8

Procedure:

1. The occupational therapist must make the initial evaluation visit and establish the plan of treatment.
2. Weekly supervisory conferences regarding each patient must be conducted by the occupational therapist with the assistant.
3. Weekly documentation must reflect adequate communication/supervision between the therapist and assistant regarding the assignment, plan of care, and any changes in the patient's status.
4. A visit by the therapist is required every seventh treatment or every 30 days, whichever comes first. There must be evidence of the supervisory visit documented in the therapist's clinical note.
5. When therapy is interrupted for a period of time, the therapist must revisit before the assistant is reassigned to the case.
6. It is the responsibility of the therapist to make the decision to discharge which would occur during the final planned therapy visit.
7. A joint supervisory visit must occur with the occupational therapist on one patient at least quarterly. Documentation of this visit must be included in the personnel record of the occupational therapy assistant.
8. Home programs that are signed and dated by the occupational therapy assistant must be co-signed by the therapist. Examples of home programs may include exercises, self care programs, safety instructions, energy conservation suggestions, and home adaptation ideas.

Date of Approval: November 2003

Date of Revision: August 2007 – Update reflects documentation requirements for therapy supervisory visits for #4.

Date of Revision: February 2008 – Update reflects documentation requirements for therapy supervisory visits for #4.

Subject: 7100 Physical Therapy Services

Policy Statement:

Physical therapy services offered by the agency are provided by or under the supervision of a qualified registered physical therapist, licensed by the South Carolina Board of Physical Therapy to provide quality physical therapy to patients as necessary.

Regulations: G143, G162, G185, G186, G187, G188, G189, G190, G333, G1336
CHAP HHII.2d

Procedure:

1. The agency provides physical therapy services directly or under contractual arrangements.
2. All physical therapy services offered by the agency are in accordance with patient plans of care and documentation is in accordance with agency policies, procedures, and processes.
3. The duties of the physical therapist include the following:
 - a. provides initial and ongoing assessments to determine level of functioning, including OASIS assessments at appropriate time points.
 - b. provides therapeutic treatments and evaluation of equipment needs to improve functional level.
 - c. In consultation with the physician and other team members develops and revises patient plans of care that are sensitive to cultural practice and client preferences.
 - d. evaluates the patients' outcomes of care and documents the continuing progress toward goals in daily notes, progress to goals (or reasons for lack of progress), recertification summaries, and discharge notes
 - e. advises, teaches and consults with family and agency personnel in proper therapy techniques
 - f. participates in multidisciplinary team conferences as necessary
 - g. includes patients/families in discharge planning which would include utilization of appropriate community resources
 - h. supervises physical therapist assistants and home health aides as required
 - i. makes the initial evaluation visit and establishes the treatment plan of care for qualified physical therapist assistants, and
 - j. reassessing the plan of care at least every thirty days or when 7 consecutive visits have been made by the assistant.
 - k. participates in education programs

Date of Approval: November 2003

Date of Revision: May 2006

A thru d revised to more closely match CHAP wording
J clarified to mean the therapist must reassess the patient /
POC at least every 30 days

Subject: 7110 Physical Therapist Assistant Services

Policy Statement:

Services of a qualified physical therapist assistant who is licensed as a registered physical therapist assistant by the S C Board of Physical Therapy may be furnished under the supervision of a qualified registered physical therapist to ensure provision of quality physical therapy services to patients in accordance with agency policies and procedures.

Regulations: 42 CFR 484.32(a) G tag 190, G191, G192

Procedure:

The therapist assistant's duties include the following:

1. participation in implementation of therapy services planned, delegated, and supervised by the therapist and that are sensitive to cultural practice and preferences of client
2. preparation of patient clinical notes
3. participation in educating clients and client families,
4. participation in other educational programs, and
5. participation in case coordination conferences and other agency meetings as applicable.

Subject: 7120 Supervision of the Physical Therapist Assistant

Policy Statement:

Services provided by a qualified physical therapist assistant will be supervised by a physical therapist ensure adequate supervision of physical therapist assistant services.

Regulations: G184, G185, G186, G186, G187, G188, G189, G190, G191, G192 HH11.1c HH111.1e8

Procedure:

1. The physical therapist must make the initial evaluation visit and establish the plan of treatment.
2. Weekly supervisory conferences must be conducted by the physical therapist with the assistant regarding each patient.
3. Weekly documentation must reflect adequate communication/supervision between the therapist and assistant regarding the assignment, plan of care, and any changes in the patient's status.
4. A visit by the therapist is required every eighth treatment **or every 30 days**, whichever comes first. There must be evidence of the supervisory visit documented in the therapist's clinical note.
5. When therapy is interrupted for a period of time, the therapist must revisit before the assistant is reassigned to the case.
6. It is the responsibility of the therapist to make the decision to discharge which would occur during the final planned therapy visit.
7. A joint supervisory visit must occur with the physical therapist on one patient at least quarterly. Documentation of this visit must be included in the PTA personnel record.
8. Home programs that are signed and dated by the PTA must be co-signed by the therapist. **Examples of home programs may include exercises, self care programs, safety instructions, energy conservation suggestions, and home adaptation ideas.**

Date of Approval: November 2003

Date of Revision: August 2007 – Update reflects documentation requirements for therapy supervisory visits for #4.

Subject: 7130 Speech Therapy Services

Policy Statement:

Speech therapy services offered by the agency are provided by or under the supervision of a qualified speech-language pathologist who is licensed by the state of South Carolina and has obtained or is eligible for a Certificate of Clinical Competence awarded by the American Speech and hearing Association.

Regulations: 42 CFR 484.32(b),
G143, G162, G186, G187, G188, G189, G193, G333, G336
CHAP HHII.2e

Procedure:

1. The agency provides speech therapy services directly or under contract arrangements.
2. All speech therapy services offered by the agency are in accordance with patients' plans of care and documentation is in accordance with agency policies, procedures, and processes.
3. The duties of the speech-language pathologist include the following:
 - a. provides initial and ongoing assessments to determine level of functioning, including OASIS assessments at appropriate time points.
 - b. provides therapeutic treatments and evaluation of equipment needs to improve functional level.
 - c. In consultation with the physician and other team members develops and revises patient plans of care that are sensitive to cultural practice and client preferences.
 - d. evaluates the patients' outcomes of care and documents the continuing progress toward goals in daily notes, progress to goals (or reasons for lack of progress), recertification summaries, and discharge notes
 - e. advises, teaches and consults with family and agency personnel in proper therapy techniques
 - f. participates in multidisciplinary team conferences as necessary
 - g. includes patients/families in discharge planning which would include utilization of appropriate community resources
 - h. supervises home health aides as required
 - i. participates in education programs

Date of Approval: May 2003

Date of Revision: May 2006

3A thru d revised to more closely match CHAP wording

Subject: 7140 Services Under Contractual Arrangements

Policy Statement:

Services provided under contractual arrangements, must be in writing to maintain quality control of care provided to DHEC Home Health patients.

Regulations: 42 CFR 484.14(h), G tag 146

Procedure:

1. A written contract for the provision of services is required before outside personnel are permitted to provide home health services for the agency. (See DHEC Form #1679 in RIMS at <http://webbase:8887/rims/pdf/D-1679.pdf?guid=46568822-05/06/2008>) The written contract must specify if it is a per-visit or hourly arrangement.
2. The written agreement includes the mechanisms for assuring quality patient care by including the following items in the contract:
 - a. the services to be provided under the contractual agreement,
 - b. the policies and procedures for determining charges and reimbursements,
 - c. that the contractor must provide evidence of personnel qualifications,
 - d. that the contractor abides by all policies and procedures established by the program and agency,
 - e. that the agency accepts responsibility for training and orientation of the contractors,
 - f. that patients are to be accepted for and discharged from care only with prior approval from DHEC Home Health Services,
 - g. the requirement for the development of client treatment plans, participation in case coordination conferences, and the policies and procedures for submitting patient clinical and progress notes,
 - h. the manner in which the services are to be controlled, coordinated, and evaluated by DHEC Home Health Services, and
 - i. that provisions for the protection of Private Health Information (PHI) and confidentiality of records are contained in the contract.
3. Written contracts are reviewed, revised, and approved on an annual basis. (See HHS Admin Policy 7150)

Date of Approval: May 2003

Date of Revision: August 2008

The link for the therapy contract template was updated.
2-a thru i reordered.

Subject: 7150 Evaluation of Contracts

Policy Statement:

Contractor services to home health patients will be reviewed on an on-going basis and at least annually to ensure the quality of care being rendered and adherence to SC DHEC, Home Health Services agency policies and procedures.

Procedures:

A Home Health Services representative will be responsible for:

1. Administrative review of work on a regular basis, and
2. Completing a review prior to renegotiations of annual contracts, with input from quarterly utilization reviews and from Central Office Consultants using record reviews and peer audits. Recommended tool for the review is attached and will be filed in the contractor's record.

The contractor will be responsible for:

1. Participation in the review process as requested by the region
2. Compliance with any plan of action established and requested by the region that directly relates to performance improvement of work.

Date of Approval: May 2003

Date of Revision: May 2006 – The second procedure was added to be in compliance with CHAP standards and show accountability on the part of the contractor.

THERAPY CONTRACT REVIEW DHEC HOME HEALTH SERVICES

District: _____ Contract Company: _____

Person Providing Services Under this Contract: _____

1. Compliance with Contract Duties:

- a. ☐ Assists the physician in evaluating level of function
- b. ☐ Participates in the development of the plan of care
- c. ☐ Prepares clinical and progress notes
- d. ☐ Completes a comprehensive assessment including the OASIS as appropriate
- e. ☐ Works with the family
- f. ☐ Utilizes appropriate community resources
- g. ☐ Participates in discharge planning
- h. ☐ Complies with inservice requirements
- i. ☐ Provides consultation to other agency personnel

Comments:

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

2. Timeliness of Response to Referrals (within 7 days of referral; within 48 hrs. for therapy only; and, if not therapy only, 48 to 72 hrs. for post-surgical PT):

Comments:

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

3. Timeliness of Submission of Clinical Documentation (OASIS, evaluation, visit notes, progress notes, transfers, discharges):

Comments:

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

4. Appropriateness/Utilization of Services:

Comments:

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

5. Quality of Services:

Comments:

- ☐ Satisfactory
- ☐ Needs Improvement
- ☐ Unsatisfactory

6. Customer Satisfaction (internal and external):

Comments: ☐ Satisfactory
☐ Needs Improvement
☐ Unsatisfactory

7. Supervision of Service Providers (adheres to supervision requirements of assistants in compliance with SC state law and DHEC HHS policies and procedures):

Comments: ☐ Satisfactory
☐ Needs Improvement
☐ Unsatisfactory

8. Coordination with other disciplines (to include agency conferences):

Comments: ☐ Satisfactory
☐ Needs Improvement
☐ Unsatisfactory

9. Other (specify):

Comments: ☐ Satisfactory
☐ Needs Improvement
☐ Unsatisfactory

Recommendations:

Signature of Reviewer

Date of Review

Signature of Person Providing Service

for _____
Signature of Contractor

Subject: 7151 Additional Responsibilities of Contract Providers of Therapy Services

Policy Statement:

Annually, a representative from each therapy contract company is required to renew a contractual agreement. The contract describes general terms and conditions. In addition to these requirements, DHEC Home Health Services has other expectations specific to the delivery of home care services. The following items will be included as responsibilities for those providing therapy services through contractual agreements.

Procedures:

General Expectations:

1. Inservice and continuing education are the responsibility of the contractor. Therapy staff of the contractor must complete an approved CPR course within 6 months of hire or have documentation of satisfactory course completion prior to employment. CPR course completion is required thereafter according to American Red Cross (ARC) or American Heart Association (AHA) recommendations to assure up-to-date skills and knowledge.
2. The contractor will provide evidence of current licensure/certification for all contract employees. The contractor will provide "A Statement of Health Certificate" completed by a physician or qualified health professional (Physician Assistant, Nurse Practitioner) for each contract employee. The physical examination may have been within one year before the first day of employment. In addition, a two-step PPD will be done before patient contact with some exceptions as noted in the DHEC TB Infection Control Plan. Once proof of the physical examination and PPD has been provided to the contractor and submitted to DHEC it will be acceptable for use by all DHEC home health agencies. After the initial 2-step PPD, a yearly PPD is required. The Hepatitis B vaccine will be offered to each contract employee by the contractor at no cost to the contract employee.
3. Prior to participating in any DHEC clinical activity or rendering any service under the contractual agreement, the contractor will provide documentation that all contract employees have successfully completed basic HIPAA training (101). Evidence of basic HIPAA training can be provided either by the contractor or DHEC staff can provide training. All contract employees must receive advanced HIPAA DHEC training that includes instructions on forms (e.g., consent forms,

privacy notices etc.) used with home health patients. HIPAA 202 requirements can be met after the contract employee is actively seeing patients, at the next available HIPAA 202 regional training.

4. As required in the HIPAA Privacy Rule or applicable state law, the contractor shall immediately notify the Regional Health Director and DHEC HIPAA Privacy Officer of any possible breach of privacy or security of a DHEC client's protected health information by a contract employee.
5. All contract employees must have basic OSHA Blood borne Pathogen Training. Evidence of basic training can be provided either by the contractor or training can be provided by DHEC. The basic OSHA training must be completed prior to patient contact. Region specific OSHA training should occur as soon as it can be scheduled. In addition, all contract employees must attend annual DHEC OSHA training. If the contract employee has an occupational exposure during the course of providing services, DHEC agrees to perform the initial screening of the source client and exposed contract employee. These test results will be provided to the exposed contract employee and/or their private medical provider. The contractor and contract employee agree to be responsible for any and all costs associated with the necessary health care and medical treatment of the exposed contract employee. These costs may include, but are not limited to, diagnostic procedures and follow-up treatment(s) that are or may be required by OSHA, or recommended by a treating physician.
6. The region will notify the contractor immediately and provide written documentation of any unsatisfactory performance or conduct on the part of the contract employee. The contractor will take immediate action. Consequences for the contract employee will depend on a mutual agreement between the contractor and DHEC.

Patient Services Expectations:

1. DHEC shall make available to the contract employee all medical records and information relevant to the services being provided to the patient.
2. The contract employee may not admit or discharge a patient to/from Home Health Care without prior approval of DHEC.
3. All services provided by the contract employee must be within the scope and limitations set forth in the physician's plan of treatment. Any changes in the patient's plan of treatment must be coordinated with the physician and DHEC staff. All scheduling of services shall be coordinated prior to delivery of said service. Any service that was not

coordinated with DHEC staff and the client's physician, and found to be non-billable, may require the contractor to reimburse DHEC for the non-billable service.

4. The contract employee shall document clinical progress notes on the day a service is rendered. It is expected that documentation will occur in the client's home.
5. The contract employee shall in a timely manner notify DHEC staff and the physician of changes in a patient's condition that could require an alteration in the treatment plan.
6. All contract services provided shall be coordinated and evaluated by DHEC on an on-going basis. Services will be evaluated for appropriateness and effectiveness, as well as, client and family response to care.
7. The contract employee is required to cooperate and communicate with private insurance companies regarding therapy approval.
8. Prior approval by regional home health supervisory staff is required for services provided to indigent patients.

Visit Utilization:

1. Visit frequencies will be individualized according to patient needs.
2. Discharge (d/c) planning should be evidenced by a decreased visit frequency for 2 or 3 wks prior to d/c. Exceptions to this will be documented in the visit note.
3. Scheduling of services must meet the needs of the patients.
4. The contractor should expect monthly caseload reviews by DHEC supervisory staff to include review of visit frequency and discharge planning.
5. Length of visits must be individualized and meet the needs of the patient
 - Visits that are consistently the same length of time will be questioned

- For visits that appear to be shorter than average, there must be documentation explaining the reason, in terms of the patient's condition, to warrant a shorter visit

Marketing Activities: (as staffing and schedules permit)

1. The contract employees can assist regional staff with public relations (PR) activities in the healthcare community as requested:
 - Visits to MD offices
 - Visits to hospitals and/or other health care facilities
2. With reimbursement according to the contractual agreement, the contract employee can assist region staff with other PR activities as requested:
 - Provide therapy topic inservices to staff in assisted living facilities or other community homes such as residential care.
 - Offer therapy related inservices to community support groups, e.g., MS, Arthritis, Parkinson's disease, Closed Head Injury.

Coordination Expectations:

1. Contract employees will attend team conferences and other mandatory meetings.
2. Contract therapist will provide therapy topic in-services to staff as requested by region with appropriate reimbursement.
3. Contract therapist will participate in the rehab aide program as designated by the region with appropriate reimbursement.

Other Agency Expectations:

1. The contract employee will be available for orientation to DHEC Policies and Procedures. DHEC staff, as designated by the region, will participate in orientation of new employees of the contractor.
2. All agency policies and procedures to include Encore processes will be followed.

Date of Approval: August 2004

Date of Revision: May 2006 – changes were made to match CHAP standards to both this policy and the contract template for General Expectations #1 and #2 for PPD and physical exam requirements and HIPAA training (pg 1).

Date of Revision: August 2007 - Adding a requirement that all therapists and assistants (OT, PT, ST) need to be current in their CPR certification.

Date of Revision: August 2008 – Deleted reference made to OASIS MO825. Policy revised to have consistent language used for contractor and contract employee. Procedure 2 revised to match language in Policy 6050 Medical Certification. Other sentences edited for clarity

HOME HEALTH SERVICES
POLICY AND PROCEDURE
QUALITY ASSURANCE
SECTION 8000

Last Revision:

8010	Quality Improvement Program	August 2008
8020	Patient Concerns and Complaints Addendum: Reporting Template for Patient Satisfaction Surveys	August 2008 August 2007
8040	Clinical Record Review Plan	August 2008
8050	Home Health Infection Surveillance Program	May 2006
8060	Diabetes Self Management Education Audits	May 2006

Policy Statement:

Home Health Services evaluates and continually strives to improve patient outcomes and the quality of services provided to our clients. The Home Health Services Quality Improvement Plan assures that the agency mission is accomplished and that quality services are delivered in an appropriate, effective, and efficiency manner.

Regulations: COP 484.52
G244 – G248
CHAP HHII9c / HHIV.1a4

Procedure:

The continuous Quality Improvement Plan (attached) lists 21 indicators of excellence (quality) and their respective measures and standards. The plan is implemented according to each indicator's design and study frequency throughout the year. Data are assessed and monitored in order to identify problems. Response and improvement to quality problems identified are responsibilities of both the region and central office staff.

The overall evaluation of the agency's total program is done at least once a year by a group of Home Health Central Office staff, Home Health Regional Staff, and Advisory Consumers. Results of the annual program review are reported to and acted upon by those responsible for the operation of the organization.

CQI PROCESSES UTILIZED IN DHEC HOME HEALTH CARE SERVICES

CQI PROCESSES UTILIZED IN DHEC HOME HEALTH CARE SERVICES						TOOLS/REPORTING		
REGULATION/ POLICY	METHOD	PURPOSE	WHO DOES	AT WHAT LEVEL	HOW OFTEN	CONSISTENT ON	HOW TO REPORT	WHO TO REPORT TO
CFR484.52(b) R61-77 501B CHAP CII.6g CHAP HHII.9 HHS 8010, 8040	UR(*)	Monitor appropriate services, visit frequency and discharge (service and/or program). Clinical records are systematically reviewed on a quarterly basis to assess appropriateness and adequacy of care and services provided, as well as, to ensure compliance with policies governing care delivery and professional practice.	Professionals representing scope of services provided and physician	Region	Quarterly	Reporting form - what/how	Appropriate services involved in POT? Visit frequencies appropriate? Patients' d/c from each service and program appropriately?	HHS Central Office CQI Consultant
CFR484.52(b) R61-77 501B HHS 8010 CHAP HHII.5b HHII.7b, HHII.8	Process Audit(*)	Assess compliance with DHEC policies, Conditions of Participation, CHAP, licensure, and professional practice	Consultants Region staff Agency staff Discipline Specific	Region	on-going	Standards used, Multidisciplinary audit tool, and discipline specific audit tools	Written Report	HHNAM
CFR484.14(j) CHAP HHII.6 DHEC Lab Manual	CLIA(*)	Monitor compliance with CLIA regulation	Site staff Regional staff	Site Region State	on-going	CLIA Standards	Quality Control Reporting Forms	Region CLIA Designee
CHAP CIII.3 HHS 2210	Agency Operations Financial Review (*)	Monitor compliance of billing policies and guidelines for reimbursement	Agency Staff Region Staff	Region	Quarterly	Process/Reporting form (Financial Record Review Form)	Written narrative by Region / Agency Designee	HHNAM
CHAP CIII.3 HHS 2250	Financial (*) Central Office Consulting Audits	Monitor compliance with Encore documentation/processes, billing policies and guidelines for reimbursement	Central Office Staff	Region	Annually	Process, reporting and corrective action plan	Written narrative by Central Office Division Director	Supervisor(s) HHNAM Region Management, Central Office Management
CHAP HHIII.1h HHS 7030 HHS 7070 HHS 7100	Field Supervision	Comparative analysis of what was observed during field visit and what is documented in the clinical record	Site Supervisor or designee State consultants as requested	Site	on-going	Standards	Written Report	HHNAM
HHS 8040	Outcome	Comparative analysis of what occurred with	State staff Region staff	Region	prn	Process	Region / Agency tools	HHS Central

CQI PROCESSES UTILIZED IN DHEC HOME HEALTH CARE SERVICES						TOOLS/REPORTING		
REGULATION/ POLICY	METHOD	PURPOSE	WHO DOES	AT WHAT LEVEL	HOW OFTEN	CONSISTENT ON	HOW TO REPORT	WHO TO REPORT TO
	Investigation	best practices and expected goals	Agency staff				HHS CQI tools	Office CQI Consultant
CFR484.52(b) R61-27 501B CHAP HHII.4b	Periodic Review of Plan of Care(*)	To monitor adequacy of the plan of care and appropriateness for continuation of services	Site staff	Site	At least every 60 days	Encore Review process	Clinical Record / Reviewer	Team Leader HHNAM
HHS 2060	Indigent Review(*)	Assess congruency of the pattern of care to available funds; compliance with program guidelines	Key Agency Administrative Staff	Site Region State	Admission; Monthly	Process	# Visits and dollars for each % pay	HHS Central Office Program Analyst
CFR484.10b(4) CHAP HHII.1 HHS 8020	Customer Satisfaction Surveys(*)	To encourage feedback from the customer's perspective	Customer	Site Region Agency	on-going	Form, Process, Reporting	Survey form generated by Central Office	HHS Central Office CQI Consultant
CFR484.18 HHS 3010	Evaluations(*)	To assess appropriateness of the decision to not admit for HHS and to assure community standard of care is met	Agency Designee -Supervisor	Site Region	On-going	Reporting - what/how	Written Report	HHNAM
CHAP HH1.2g CHAP CIV.2	Annual Report	To assess agency operations for strengths and weaknesses and develop plan for CQI	Agency staff Region staff State staff	Region	Annually	Process / Report	Annual Program Review Region Goals	HHS Division Director
COP-1891 Medicare Act Accreditation	CHAP Site Visit(*)	Accreditation; CQI; meet COP for Medicare	Site Visitor(s)	Region State	Three year cycle / follow visit as necessary	Standards used	Report generated by surveyor	HHNAM Program Director
Reg.#61-77 Standards for Licensing of Home Health Agencies	DHEC Licensure(*) Visit	Assure compliance with SC Licensure laws	DHEC surveyor	Agency/ Region	Annually	Standards used	Report generated by surveyor	HHNAM
OASIS Regulations CHAP HHII.5f NCV Process: 6010, 6020, 11020	OASIS Clinical Record Audit	To monitor the validity of OASIS data and evaluate congruence of OASIS data with other clinical record information.	Supervisor, CQI Representative HHS Consultants	Site Region State	On-going	OASIS Manual	Written report	HHNAM CQI Representative

CQI PROCESSES UTILIZED IN DHEC HOME HEALTH CARE SERVICES						TOOLS/REPORTING		
REGULATION/ POLICY	METHOD	PURPOSE	WHO DOES	AT WHAT LEVEL	HOW OFTEN	CONSISTENT ON	HOW TO REPORT	WHO TO REPORT TO
OASIS Regulation CHAP HHII.5f	OASIS Clinical / Peer Visit	Verify accuracy of OASIS Assessment Data and assessment skills of Clinical Staff	Supervisor, CQI Representative	Site	prn	OASIS Manual	Written report	Supervisor, CQI Representative, HHNAM
OASIS Regulation CHAP HHII.5e Encore Processes	OASIS Validation / Roster Report	Verify accuracy of OASIS data that was Transmitted to State Repository	OASIS Transmission staff and CQI Representative	Site Region	At least Monthly	OASIS Manual Encore Processes OASIS Correction	CMS Validation Report CMS Error Summary CMS Roster Report	Supervisor, CQI Representative, HHNAM
OASIS Regulation COP 484.52 CHAP HHII.9a HHS 8040	OBQI Process of Care Investigation OBQM Adverse Event Audit	Evaluate # of patients that improved, stabilized, or declined relative to a specific MO item. Evaluate circumstances related to the adverse event	CQI Representative or Designee	Site Region State	Periodic Review of sample of patients	MO Items, Reporting Standards CMS Reports	Written Report Plan of Action	HHNAM HHS CQI Consultant
CHAP CORE CII.7	Non-Employee Incident /Accident Reports	Tracking of Problems or trends on accidents and incidents.	CQI Representative or Designee	Agency Region	At least Yearly	Incident Reports - DHEC Form 0140	Written Report	CQI Representative, HHNAM
CHAP CORE CII.7	Infection Surveillance	To assess the safety and quality of care provided, to establish a baseline at each agency, to monitor trends, to use data to improve care and to prevent health care associated infections	CQI Representative or Designee	Site Region	Quarterly	Frequency Standards Used Report Form Used	Written Report	State CQI Representative, HHNAM
CHAP CORE CIII.1g *42 CFR 484.14(e) - G141	Evaluation of Inservice Hours	To assure the adequacy and quality of Inservice education hours for staff are met yearly	Supervisor CQI Representative or Designee	Site Region	Quarterly Review and yearly filing in Personnel Record	e-Learning systems	e-Learning Process	Supervisor CQI Representative HHNAM

* Required by regulations/policy

Note: HHII.9a.1.a of CHAP standards requires at least of 10% of program's annual unduplicated admissions with a maximum of 120 sample records, both active and closed, are reviewed annually.
This may be achieved through a total of records audited by all methods listed above.

Last Review 8/2008

ANNUAL REPORT OUTLINE

- I. Executive Summary**
- II. Definitions and Acronyms**
- III. Adequacy and Appropriateness of Services**
 - A. Regulatory Compliance**
 - B. Timeliness of Referral ***
- IV. Effectiveness of Services**
 - A. Patient Satisfaction**
 - B. OASIS Outcome ***
- V. Efficiency of Services**
 - A. Patient Census***
 - B. Total Visits***
 - C. Total patients served ***
 - D. Average Case Mix***
 - E. Average visits per Medicare 60 day Episode***
 - F. Average visits per discipline***
 - G. Average Episodes per Medicare patient per year***
- VI. Financial / Billing**
 - A. Number of Medicare Beneficiaries ***
 - B. Indigent Care Amount ***
 - C. Average Revenue / Expenses Report***

VII. Region Annual Program Evaluations

Any items underlined will be provided by Central Office.

* Denotes information that can be obtained from a report.

Date of Approval: May 2003

Date of Revision: May 2006
2nd paragraph added to procedure to link with Annual Program Evaluation
Table updated with to reflect Regions
Annual Report Outline updated

Date of Revision: **August 2008**
Policy statement revised for clarity
Novius changed to Encore / District to Region
eLearning system added to last item

Subject: 8020 Monitoring Patient Satisfaction, Compliments and Complaints

Policy Statement:

To allow patients to have a mechanism for expressing their concerns relative to the adequacy, appropriateness, and effectiveness of the Home Health services they receive, Home Health Services staff members will encourage patients to freely express both verbally and in writing their compliments, complaints, and their satisfaction with the services they have received. Compliments and complaints will be followed up with a verbal and/or written response as appropriate.

Regulations: COP 484.10(b)
G106; G107
CHAP HHII.1b

Procedure:

1. Home Health staff will listen to opinions, whether negative or positive, expressed by patients or their families. Patients and their families will be instructed to contact agency supervisors if they wish to express a compliment to the agency or when they wish to express a complaint that cannot be resolved through usual contact with agency staff
2. On admission to the program and as part of the review of the Patient's Bill of Rights, all patients will be informed of their right to contact the agency supervisor regarding a concern, a complaint or a compliment.
3. Upon receipt of a verbal or written complaint or compliment in the region, the region supervisor will initiate the compliment/complaint follow up process. This process should include but is not limited to the following:
 - a. If the complaint is received by mail, within 48 hours the supervisor informs the patient/family that the complaint has been received and reviewed. This may be done by telephone or by mail. Details regarding the particular staff involved and any other information needed for further action can be obtained at this time. Compliments should be shared with staff in an appropriate manner.
 - b. For complaints only, a home visit may be made by the supervisor to assess the exact nature of the complaint, and its probable cause.
 - c. Consultation with the patient/family may occur in the corrective action planning process.
 - d. The corrective action plan will be implemented and the patient/family will be notified, either in writing or verbally, that the plan has been implemented.
 - e. The implemented corrective action plan will be evaluated to determine if the cause of the patient's complaint has been alleviated.
 - f. Assistance from the region and state management staff will be sought as necessary.

- g. Compliments/Complaints and all corrective action activities will be documented in the compliment/complaint file/log that will be maintained in the region/agency.
 - h. Any trends in compliments/complaints will be noted and, when necessary, appropriate corrective actions taken.
 - i. The Home Health Division Director should be informed/involved as appropriate.
4. Regions will assure that discharged patients received (mail or deliver) a Patient Satisfaction Survey within 14 days of discharge from the program. Regions may elect to conduct telephone surveys using the same instrument; however, there must be a mailed/delivered survey or a completed telephone survey for all home health patients. (DHEC 1653)
5. These mailed Patient Satisfaction Surveys or telephone surveys will determine satisfaction with care regarding:
- a. overall client satisfaction with care and service provided;
 - b. satisfaction with providers of care;
 - c. satisfaction with self-participation in care;
 - d. understanding of and agreement with changes in the Plan of Care (to include the discharge planning process)
 - e. understanding of Client Bill of Right information;
 - f. and suggestions for improvement of care and service delivery.
6. The mailed Patient Satisfaction Surveys and completed telephone surveys will be retained in the site until the end of the fiscal year in which the patient discharge occurred.
7. Yearly, Nurse Administrators or their designee will forward summary data from 5(a) above to the Home Health CQI Consultant. Summary data will include: (example reporting format attachment A)
- a. the number of surveys mailed and the number of telephone surveys;
 - b. the number of completed surveys received (returned);
 - c. the number of satisfaction surveys responding to the survey item "Overall, I am satisfied with the services I received." Specifically this summary data will include the number indicating, "yes", "no", and "no opinion";
 - d. the percent satisfied.
7. Concerns, complaints, and compliments received from telephone surveys or returned satisfaction surveys will be handled according to 3 above.

Date of Approval: May 2003

Date of Revision: February 2005 - Procedures:
6. "Yearly" was instead of "each quarter"
c. additional information was added to statement
7. deleted thus renumbering 8

Date of Revision: August 2005 - Procedures:
6c. revised to match yes/no scale used on Patient Satisfaction Survey
6d. requirement added to report % satisfaction added
Attachment A – Example reporting template added

Date of Revision: May 2006 - Procedures:
3g – deleted – follow up must occur, but a written response is no longer required.
3h – reference to the DHEC 2300 was removed. Documentation of the concern and follow up is required but can be individualized by regions/agencies.
3i – revised to remove the use of the DHEC 2300.

Date of Revision: **August 2008**
Old 3g/h combined into 3g – both related to documentation
3h added re: trends.
Procedure #6 added regarding retention of completed surveys.
Few editorial/grammatical revisions

DHEC Home Health Services Reporting Template for Patient Satisfaction Survey Data

Attachment A

Region: _____ Home Health Agency: _____

Satisfaction Data For Fiscal Year: _____ *Total discharges in FY: _____

Number of surveys mailed: _____ Number of Surveys Returned: _____

Number of Telephone Surveys completed: _____

Satisfaction Indicator Reported	Total # Yes	Total # No	Total # No opinion
"Overall, I am satisfied with the services I received"			

% Satisfied: _____

Formula for % Satisfied = Total # yes _____ divided by total number of yes plus no responses.

Comments:

Person Completing: _____ Date: _____

* HHS Administrative Policy 8020 states that there must be either a mailed survey or a completed telephone survey for all discharged home health patients.

August 2007 Revisions:

Total discharges added

Footnote added

Subject: 8040 Clinical Record Review Plan

Policy Statement:

Clinical records are reviewed on a quarterly basis to assess appropriateness and adequacy of care and services provided as well as to ensure compliance with established policies and procedures governing care delivery, professional standards of practice, and Conditions of Participation.

Regulations: COP 484.52; 484.52(b)
G246; G250
CHAP HHII.9a and 9b

Procedure:

1. Clinical record reviews can include but are not limited to:
 - Process audits
 - Inter-discipline team audits
 - Peer audits
 - Outcome Audits
 - OBQM Adverse Events Care Reviews
 - OBQI Process of Care investigations/audits
 - Utilization Review
 - Quarterly review by Health professionals representative of scope of care and services.
 - Supervisory Record Reviews
 - OASIS accuracy evaluations
 - HCFA Quality Assurance Monitoring
 - Plan of Supervision
 - Evaluation Visits
2. Record selection should include:
 - a. a minimum of 10% of annual unduplicated admissions with a maximum of 120 sample records per year,
 - b. records selected from the certified business unit, and
 - c. are representative of all disciplines providing care, diagnostic categories, lengths of stay and active and inactive records.
3. The following are suggestions for record sample selection:
 - a) Systematic selection using Encore reports
 - b) Admissions with multiple disciplines
 - c) Records due for recertification
 - d) Indigent care
 - e) Diagnostic categories
 - f) Area specific based on OBQI/OBQM reports
 - g) Length of stay, especially cases exceeding two certification periods
 - h) Best Practice identification
 - i) Other as determined by region supervisory plans

3. The audit tool used to review the records should be based on the type and purpose of the audit. Audit tools may be developed by the agency or specific to the region's needs.
4. Written audit summaries should be prepared and maintained by the region. Staff will be informed of the findings of record review activities and given the opportunity to provide comments and suggestions.

Reference:

Community Health Accreditation Program Manual: CIL6

A comprehensive Performance Improvement process integrates the organization's purpose, Mission, and Philosophy and promotes an organization wide approach that includes all departments, divisions, services and disciplines.

Date of Approval: May 2003

Date of Revision: May 2006

Record selection revised to include CHAP wording regarding maximum number of records and what should be included when selecting records.

Date of Revision: **August 2008**

district changed to region

Novius changed to Encore

Formatted to match style of other policies

Subject: 8050 Home Health Infection Surveillance Program

Policy Statement:

The purpose of an infection surveillance program in home health care is to establish a baseline for each district, to evaluate/benchmark data among districts, and to monitor trends within the district/agency over time to target staff and patient/caregiver education to prevent infections. Valid written definitions enhance consistency, accuracy and benchmarking of surveillance data.

Characteristics that make home health patients at risk for infection are age, underlying disease, and co-morbidities. Environmental factors that may contribute to the development of infection in home care patients are poor sanitation, inadequate plumbing, contaminated supplies/equipment, exposure to elements (cold, heat, water), rodent or insect infestation, exposure to contagion, and the absence of an able and willing caregiver.

Home-care infection surveillance poses several unique challenges, including lack of nationally accepted standard definitions and surveillance methods, loss of patient for follow-up, lack of trained infection control personnel in home-care settings, difficulty in capturing clinical and laboratory data, and difficulty in obtaining data.

These home care definitions are intended for adult patients.

Regulations: CII.7n

Standards:

1. Those infections evident within 72 hours after the home health care admission (SOC) are not considered Home Health associated infections.
2. Home Health-associated infections are infections that develop in patients who are receiving home health care and that were neither present nor incubating at the time of admission (generally up to 72 hours after admission).
3. Infections that are identified after admission to home health but within 72 hours after discharge from a facility should be reported to the infection control department of the discharging facility.
4. A surgical site infection occurring within 30 days from the date of surgery is considered a health care facility infection.
5. An operative definition of an occurrence is when a patient has been symptomatic, treated, and then asymptomatic for 14 days post-treatment. If the patient later develops symptoms and is treated, that infection becomes the second occurrence, rather than a continuation of the first infection.
6. An operative definition of a hospital associated surgical site infection would include any infection that occurs within 30 days after the surgery if no implant is left in place or within 1 year if implant is in place and the infection appears to be related to the surgery.

7. A patient with multiple infected wounds will only be counted once for each type of wound. For example, a patient that has 3 infected pressure ulcers and 1 infected surgical wound would be entered only once on the non-surgical wound log and once on the surgical wound log.

Definitions:

1. **Urinary Tract Infection** for a patient who has an indwelling urethral or supra pubic bladder catheter:

- a) There is a change in the character of the urine:
 - hematuria
 - increasing levels of sediment
 - foul odor
- b) PLUS two or more of the following signs/symptoms are present:
 - Fever 100.4 or greater*
 - New flank pain or supra-pubic pain*
 - Elevated serum WBC*
 - Worsening or change in mental status*
 - A pathogen or pathogens are cultured from the urine

(*Need to rule out other possible causes of infection, i.e., respiratory, etc.)

OR

A physician prescribes a course of antibiotic treatment for a suspected bladder infection (Exclude prophylactic or maintenance antibiotics)

2. **Central Venous Catheter*** [CVC] define site related infection occurrence for a patient with a central venous catheter as:

- a) Two or more of the following signs/symptoms are present:
 - Erythema associated with the central line
 - Pain associated with the central line
 - Purulent drainage from the exit site
 - Elevated serum WBC**
 - Fever 100.4 or greater**
 - A pathogen or pathogens are cultured from the CVC
- (**Need to rule out other possible causes of infection, i.e., respiratory, etc.)

OR

- b) A physician prescribes a course of antibiotic treatment for a suspected or confirmed central venous catheter infection

OR

- c) The physician orders the CVC to be pulled due to suspected or confirmed infection

*(Understand Central Venous Catheter as PICC = Implanted Ports, Subclavian/Jugular catheters, Hickman/Broviac, Groshongs)

3. **Skin/Cellulitis/soft tissue/wound infection (non-surgical)/decubitus ulcer**

These infections must meet at least one of the following two criteria:

- a) Presence of purulent drainage in the wound, skin or soft tissue site.
- OR**
- b) At least two of the following s/sx with no other recognized cause:
 - a. worsening mental/functional status
 - b. presence pain or tenderness at the affected site
 - c. localized swelling
 - d. redness
 - e. heat **AND** organism cultured from aspirate/drainage or from blood

Surgical Site Infection General Information:

Define a surgical site wound as any wound resulting from a surgical procedure, such as:

- Orthopedic pin sites, stapled or sutured incisions, debrided graft sites and wounds with drains.
- A surgical incision with approximated edges and a scab (i.e. crust) from dried blood or tissue fluid.
- A muscle flap performed to surgically replace a pressure ulcer.

Wounds that would *not* be defined as a surgical site wound include

- Central venous catheter (included in CVC related infections) or other IV access.
- A pressure ulcer that has been debrided (remains a pressure ulcer).

Do *not* report the following conditions as Surgical Site Infections:

- Stitch abscess (minimal inflammation and discharge confined to the points of suture penetration).
- Infection of an episiotomy or newborn circumcision site.
- Infected burn wound.

If the area around a stab wound becomes infected, it is not an Surgical Site Infection. It is considered a skin or soft tissue infection.

4. Superficial Incision – Surgical Site Infection:

These infections must involve only skin and subcutaneous tissue and occurs beyond 30 days after the surgery if no implant is left in place or within 1 year if implant is in place and must meet at least one of the following criteria:

- a) Purulent drainage, with or without laboratory confirmation, from the superficial incision
- OR**
- b) Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision
- OR**

- c) At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness or heat *and* superficial incision is deliberately opened by surgeon, *unless* incision is culture-negative
OR
- d) Diagnosis of superficial incision surgical site infection by the surgeon or attending physician

5. **Deep Incision Surgical Site Infection:**

These infections involve deep soft tissues (fascial and muscle layers) and occurs beyond 30 days after the surgery if no implant is left in place or within 1 year if implant is in place and must meet at least one of the following criteria: These infections must meet at least one of the following criteria:

- a) Purulent drainage from the deep incision but not from the organ/space component of the surgical site
OR
- b) A deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever (>38 degrees C), localized pain, or tenderness, unless site is culture-negative
OR
- c) An abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination
OR
- d) Diagnosis of a deep incision SSI by a surgeon or attending physician

Note:

- Report infection that involves both superficial and deep incision sites as a deep incision SSI.
- Report an organ/space SSI that drains through the incision as a deep incision SSI.

6. **Organ/Space Surgical Site Infection:**

These infections involve any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure and occurs beyond 30 days after the surgery if no implant is left in place or within 1 year if implant is in place and must meet at least one of the following criteria:

- a) Purulent drainage from a drain that is placed through a stab wound * into the organ/space
OR
- b) Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space
OR

- c) An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination

OR

- d) Diagnosis of an organ/space SSI by a surgeon or attending physician.

Novius Clinical View (NCV) Rx Codes related to infections surveillance:

- 021 – Admitted with UTI
- 022 – Suspected UTI
- 023 – Admitted with wound infection
- 024 – Suspected wound infection
- 025 – Admitted with CVC infection
- 026 – Suspected CVC infection
- 027 – Adm with surgical site infection
- 028 – Suspected surgical site infection

Procedure:

1. Home Care staff should use Clinical Measurement Tab 1 (CM1) of the clinical note and the F2 look up boxes in the appropriate “clinfind” or description area to document clinical signs and symptoms of any suspected infections.

Infection Surveillance Clinical Data	F2 Look up where it can be found
Admitted with UTI	Physical Assessment / GU/Repro tab / GU clin find
Admitted with surgical or non-surgical wound infection	Physical Assessment / Integ/Wound Tab / Wound description
Admitted with CVC infection	Physical Assessment / IV Tab / IV description
Suspected UTI	Daily visit / HSR 1 / GU clin find (bottom of list)
Suspected wound infection	Daily visit / Wound tab / wound description
Suspected CVC infection	Daily visit / IV tab / IV description

2. Home Care staff should also use the Rx code area in bottom right corner of the statistical box to report patients who have been admitted with or who have developed clinical signs and symptoms of suspected infection while receiving home health services.
3. If staff have already committed and communicated their clinical note then they should report the infection (admitted with or suspected) to the CQI representative via NCV e-mail.
4. The CQI representatives should print screen any e-mail notifications they receive.
5. At least quarterly (April / July/October/January) the CQI person or his/her designee should run the My Eureka report titled infection surveillance
6. The CQI representative or his/her designee reviews the clinical note corresponding to the date of the infection report looking for the criteria for a reportable infection. The visit documentation of the previous and subsequent visit may also be helpful.

Other NCV documentation that will assist with determining if the infection meets one of the reportable definitions could be another discipline's daily note for the same time, the document communication form, verbal orders and/or the medication comment area / medication form.

7. The CQI representative or designee completes the appropriate page of the Patient Infection Log (Attachment A) while determining if each infection for the period meets the criteria for one of the reportable infections. The CQI representative should remember to combine the MyEureka data with any e-mail notifications.
8. Within one month of the last day of the quarter each district will report their infection surveillance data using the Quarterly Infection Surveillance Report (Attachment B) to the HHS CQI Consultant. .
9. The CQI representative should review the quarterly data to note any significant increase in the number or reportable infections by category. The information should be used to monitor trends within the agency over time and to tailor staff and patient/caregiver education toward prevention of infections.

Reference:

1. Adapted from 2003 MAHC National Infection Surveillance Project.
www.infectioncontrolathome.org/
2. Rhinehart, Emily. Infection Control in Home Care. CDC Emerging Infectious Disease. www.cdc.gov/ncidod/eid/vol7no2/rhinehart.htm
3. Embry,F, Chines, L. Special Communication: Draft Definitions for Surveillance of Infections in Home Health Care. AM J Infection Control 2000; 28: 449-53.

Date of Approval: August 2004

Date of Revision: May 2006

Procedure 10 removed.

J040 SCDHEC: REV OBJ 3901,4516

Patient Infection Log / Urinary Tract Infections: (Rx code 021 and 022)
Attachment A

_____ Health District Quarter: _____ Signature: _____

SOC Date	Patient Name / ID #	Date s/sx reported	Pre-exisiting (Rx code 021)	Urethral (U) or supra pubic (SP) catheter	Required: Change in character or urine (hematuria, increased sediment, foul odor) AND	Must have 2 or more of the s/sx a thru e					Antibiotics
						a) Fever 100.4 or >	b) New flank or supra-pubic pain	c) Elevated serum WBC	d) Worse or change in mental status	e) Pathogen(s) cultured from urine	OR MD ordered antibiotics for a suspected bladder infection

Total number admitted with UTI _____ Total number met criteria for Home Acquired UTI _____
Total not meeting but antibiotics ordered _____

J040 SCDHEC: REV OBJ 3901,4516

Patient Infection Log / Central Venous Catheter (Rx code 025 and 026)

_____ Health District

Quarter: _____

Signature: _____

SOC Date	Patient Name / ID #	Date s/sx reported	Pre- existing (Rx code 025)	PICC (PI)	Must have 2 or more of the s/sx a thru f						Antibiotics	CVC pulled
				PORT (PO) Subclavian (S)	a) Ery- thema	b) Pain	c) purulent drainage from exit site	d) elevated serum WBC	e) fever 100.4 or >	f) patho- gen(s) cultured from CVC	OR MD ordered antibiotics for a suspected or confirmed infection	OR CVC pulled due to suspected or confirmed infection

Total # admitted with CVC infection _____

Total # met criteria for Home Acquired CVC infection _____

J040 SCDHEC: REV OBJ 3901,4516

Patient Infection Log / Skin/Cellulitis/soft tissue/wound infection (non-surgical)/decubitus ulcer (Rx 023 / 024)

_____ Health District

Quarter: _____

Signature: _____

SOC Date	Patient Name / ID #	Date s/sx reported	Pre- existing (Rx code 023)	Type wound:	Presence of purulent drainage OR	Must have 2 or more of the s/sx a thru e				
						a) worsening mental / functional status	b) presence of pain or tenderness at the site	c) localized swelling	d) redness	e) heat AND organism cultured from aspirate / drainage or from blood

Total # admitted with Non-surgical wound infection _____

Total # met criteria for Home Acquired non-surgical wound infection _____

_____ Health District Quarter: _____ Signature: _____

SOC Date	Patient Name / ID #	Date s/sx reported	Pre- existing (Rx code 023)	Superficial Incision (skin & sub q tissue)	Deep Incision (fascial and muscle layers)				Organ / Space			
				One of a thru d must be met	One of a thru d must be met				One of a thru d must be met			
				a) Purulent drainage from site b) + culture c) Pain or tenderness or swelling or redness or heat and incision opened by surgeon d) Dx of superficial surgical site infection by MD	a) Purulent drainage from site b) dehisces or opened by MD with s/sx of fever, pain, tenderness c) Abscess or evidence of infection found on exam, re-operation or radiologic exam d) Dx of deep surgical site infection by MD				a) Purulent drainage from drain that is placed thru stab wound into organ / space b) + culture c) Abscess or evidence of infection involving organ/ space found on exam, re-operation or radiologic exam d) Dx of organ / space surgical site infection by MD			

Total # admitted with surgical site infection _____ Total # met criteria for surgical site infection _____

Subject: **8060** DSME Audits by Clinical and Financial Staff at Central Office Level and Regions

Policy Statement:

- The SC DHEC Audit items for Diabetes Self-Management Education (DSME) Clients tool (DHEC 8060) form is utilized by Clinical/Financial Representatives (or other authorized Personnel) when conducting clinical/financial record reviews. These reviews compare the clinical record with the billing record. Adherence to Federal regulations and program billing policy is also measured. The (DHEC 8060) form provides a standard form for recording results of DSME Clinical/Financial record audits.

Rules:

- 1) Audits at the state DOC meeting will be held 2 x year. Each region will be requested to bring in 2 records and billing sheets for review.
- 2) The regional coordinator will not review their charts but will review charts from other regions.
- 3) The Central Office billing team will perform billing review of the DOC meeting.
- 4) Audits will be done at the local region DOC meeting (2 times per year). Each site will submit 3 records and billing sheets for review. DSME providers will review the clinical aspects of the record and region-billing personnel will review the billing sheets.

Procedure:

I. CLINICAL DOCUMENTATION IN PERMANENT RECORD:

Check (✓) whether met, or write (N) for not met or (N/A) for not applicable when reviewing documentation requirements as identified in 1-5.

Presence of signed provider referral (1910A)

1. Verification of Benefits noted for private insurance and HMOs
2. Assessment completed
 - a. Adult assessment DHEC 3562
 - b. Pediatric assessment
 - c. Assessment includes foot exam with monofilament testing
3. Pre-assessment of knowledge and skills (Ten content areas of DSME documented)
4. Education plan
 - a. Learning objectives noted on 3404
 - b. Behavioral contract completed

5. Educational interventions

- a. Dated
- b. Signed by instructor
- c. Noted content with each intervention
- d. Notes achievement of goals with each intervention
- e. Evidence of collaboration of staff
 - I. Each client seen by at least 2 providers
 - II. Concerns related to educational process communicated to instructional staff
- f. Contact at 2-3 months post education to assess:
 - I. Continuing needs-knowledge or skill deficit
 - II. Behavioral changes
 - III. Post-education A1c

6. Communication with referral source sent-DHEC 3567

- a. At admission
- b. At end of education interventions
- c. At discharge post is this correct

II. FINANCIAL DOCUMENTATION IN PERMANENT RECORD:

Check (✓) whether met, or write (N) for not met or (N/A) for not applicable when reviewing documentation requirements as identified in 1-11.

1. Medicare: only 10/hrs initial a life time and annual update 2/hrs

2. Managed Care form on file for private insurance patients

3. Benefits Notification Letter on file if private insurance

4. Advance Beneficiary Notice (ABN) on file

5. Clinical Assessment – DHEC 3572 on file

6. Physician's order DHEC 1610-A noted

7. Does Payers and Coverage include:

- a. The correct payer
- b. Correct beneficiary number if Medicare or Medicaid
- c. Name and address of payer if Private Insurance
- d. Correct procedure code for payer

8. Copies of billable and non-billable discipline visit notes on file for:

- a. Nursing
- b. Physical Therapy
- c. Health Educator

- d. Nutrition
- e. Medical Social Work
- f. ODE – Other Diabetic Educator

9. Consent to Release Information - DHEC 1623

10. Privacy Notice – DHEC 2021

11. Client Profile DHEC 755 or exp 114

Date of Approval: May 2006

SC DHEC Audit Items for DSME Clients

Auditor Education Record Chart Review Form**Date:** _____

Use the following checklist to review at least one patient record of each program component to ensure that each element is included. If you have more than 5 patient records to review, initiate a second sheet. Place a \checkmark in the box to indicate if an item is present, **N** in the box to indicate the item is not present, and **NA** to indicate the item is not applicable.

\checkmark = Met
N = Not Met
NA = Not Applicable
Record # = Write patient's number in assigned column

Clinical Documentation in permanent record:	Patient record #1	Patient Record #2	Patient Record #3	Patient Record #4	Patient Record #5
Record #:					
1. Presence of signed provider referral (1610A)					
2. Verification of Benefits noted for private insurance and HMOs					
3. Assessment completed					
a. Adult assessment DHEC 3562					
b. Pediatric assessment					
c. Adult assessment includes foot exam with monofilament testing					
4. Pre-assessment of knowledge and skills (Ten content areas of DSME documented)					
5. Education plan					
a. Learning objectives noted on 3404					
b. Behavioral contract completed					
6. Educational interventions					
a. Dated					
b. Signed by instructor					
c. Notes achievement of goals with each intervention					
d. Evidence of collaboration of staff					
e. Each client seen by at least 2 providers					

SC DHEC Audit Items for DSME Clients

f. Concerns r/t educational process communicated to instructional staff					
7. Contact at 2-3 months post education to assess					
a. Continuing needs-knowledge or skill deficit					
b. Behavioral changes					
c. Post education A1c					
8. Communication with referral source sent- DHEC 3567					
a. At admission					
b. At end of education – discharge post					

Clinical Reviewer Signature

Date

SC DHEC Audit Items for DSME Clients

Auditor Education Record Chart Review Form

Date: _____

Use the following checklist to review at least one patient record of each program component to ensure that each element is included. If you have more than 5 patient records to review, the box to indicate if an item is present, N present, and NA to indicate the item is not

√ = Met
N = Not Met
NA = Not Applicable
Record # = Write patient's number in assigned column

initiate a second sheet. Place a √ in the box to indicate the item is not applicable.

Financial Documentation in permanent record:	Patient record #1	Patient record #2	Patient record #3	Patient record #4	Patient record #5
Record #:					
1. Medicare only 10/hrs initial a life time and annual update 2/hrs					
2. Managed Care form on file for private insurance patients					
3. Benefits Notification Letter on file if private insurance					
4. ABN required if 10hrs of life time benefit used up					
5. Clinical Assessment – DHEC 3572					
6. Physician's orders DHEC 1610-A present and signed in the chart					
7. Does Payers and Coverage include:					
a. The correct payer					
b. Correct beneficiary number if Medicare or Medicaid					

SC DHEC Audit Items for DSME Clients

Financial Documentation in permanent record:	Patient record #1	Patient record #2	Patient record #3	Patient record #4	Patient record #5
Record #:					
8. Copies of billable and non-billable visit notes on file:					
a. Nursing					
b. Physical Therapy					
c. Health Educator					
d. Nutrition					
e. Medical Social Work					
f. ODE-Other Diabetic Educator					
9. Consent to Release Information DHEC 1623					
10. Privacy Notice – DHEC 2021					
11. Client Profile DHEC 755 or exp 114					

Financial Comments/Recommendations:

Financial Reviewer Signature

**South Carolina Department of Health and Environmental Control
Audit Items for DSME (Diabetes Self Management Education) Clients
Instructions for Completion
Policy 8060**

Purpose:

This form is used as a tool to ensure compliance with Federal and State guidelines. The measurement of Met, Not Met, and Not Applicable is measured in the patient record.

Explanation and Definition:

This form will be used as the quarterly audit tool to assure SC DHEC compliance with the Federal and State guidelines. These reviews compare the clinical record of service with the billing record. Adherence to Federal regulations and program billing policy is also measured. The DHEC # provides a standard form for recording results of SC DHEC DSME record audits.

Clinical Documentation

Item-by-Item Instructions:

These instructions will be the official DSME Audit Items for SC DHEC.

Date: Enter the date reviewed

Patient Record Number: Enter the patient number off the record

1. Indicate if there is a signed provider referral (1610A) by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
2. Indicate if there is a verification of benefits noted for private insurance and HMOs by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
3. Indicate if there is an assessment completed by evaluating these 3 elements:
 - a. Use of the DHEC 3562 (Adult Assessment)
 - b. Use of a pediatric assessment for patients less than 18
 - c. All adult assessment includes foot exam with monofilament testingNote for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
4. Indicate if there is pre-assessment of knowledge and skills of the ten content areas of DSME documented by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
5. Indicate if there is educational plan for
 - a. Learning objectives noted on 3404
 - b. Behavioral goals noted on behavioral contractNote for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
6. Indicate if educational interventions:
 - a. Are Dated
 - b. Are Signed by instructor
 - c. Notes achievement of goals with each intervention
 - d. Shows evidence of collaboration of staff
 - e. Reflects that each patient is seen by at least two (2) providers of the DSME program
 - f. Notes that any concerns r/t educational process is communicated to instructional staffNote for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

7. Indicate if the contact at 2-3 months post education reflects an assessment of
- a. Continuing needs: knowledge or skill deficit
 - b. Behavioral changes as noted in the behavioral contract
 - c. Post education A1c value

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

8. Indicate if there is evidence of communication with referral source sent thru use of the DHEC 3567
- a. At time of admission
 - b. At end of education

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

Clinical Comments/Recommendations: Note any comments or recommendations noted by the reviewer.

Clinical Reviewer Signature: Enter the Financial Reviewer Signature

Date: Enter date of review

Financial Documentation

Item-by-Item Instructions:

These instructions will be the official DSME Audit Items for SC DHEC.

Date: Enter the date reviewed

Patient Record Number: Enter the patient number off the record

3. Indicate if there is a signed provider referral (1610A) by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

4. Indicate if there is a verification of benefits noted for private insurance and HMOs by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

3. Indicate if there is an assessment completed by evaluating these 3 elements:

- a. Use of the DHEC 3562 (Adult Assessment)
- b. Use of a pediatric assessment for patients less than 18
- c. All adult assessment includes foot exam with monofilament testing

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

9. Indicate if there is pre-assessment of knowledge and skills of the ten content areas of DSME documented by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

10. Indicate if there is educational plan for
- a. Learning objectives noted on 3404
 - b. Behavioral goals noted on behavioral contract

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

11. Indicate if educational interventions:

- a. Are Dated
- b. Are Signed by instructor
- c. Notes achievement of goals with each intervention
- d. Shows evidence of collaboration of staff
- e. Reflects that each patient is seen by at least two (2) providers of the DSME program
- f. Notes that any concerns r/t educational process is communicated to instructional staff

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

12. Indicate if the contact at 2-3 months post education reflects an assessment of
- Continuing needs: knowledge or skill deficit
 - Behavioral changes as noted in the behavioral contract
 - Post education A1c value

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

13. Indicate if there is evidence of communication with referral source sent thru use of the DHEC 3567
- At time of admission
 - At end of education

Note for each criteria by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

Clinical Comments/Recommendations: Note any comments or recommendations noted by the reviewer.

Clinical Reviewer Signature: Enter the Financial Reviewer Signature

Date: Enter date of review

Financial Documentation

Item-by-Item Instructions:

These instructions will be the official DSME Audit Items for SC DHEC.

Date: Enter the date reviewed

Patient Record Number: Enter the patient number off the record

1. If patient has Medicare only 10/hrs initial a life time and annual update 2/hrs indicate by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
2. Indicate if there is a Managed Care form on file for private insurance by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
3. Indicate if there is a Benefits Notification Letter on file if private insurance by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
4. If patient 10/hrs of lifetime benefit is used up indicate if there is an ABN by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
5. Indicate if there is a Clinical Assessment DHEC 3572 by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
6. Indicate if the Physician's orders DHEC 1610 is present and signed in the chart by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
7. a. Indicate if the correct payer by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

b. Indicate if the correct beneficiary number is Medicare or Medicaid by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
8. Indicate if copies of billable and non-billable visit notes (Nursing, PT, Health Educator, Nutrition, MSW, ODE-Other Diabetic Educator, by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

9. Indicate if the Consent to Release Information DHEC 1623 by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
10. Indicate if the Privacy Notice DHEC 2021 is in the record by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.
11. Indicate if the Client Profile DHEC 755 or exp 114 is in the record by a (✓= Met), (N=Not Met), and (NA=Not Applicable) in the patient box.

Financial Comments/Recommendations: Note any comments or recommendations noted by the reviewer.

Financial Reviewer Signature: Enter the Financial Reviewer Signature

Date: Enter date of review

Home Health Services
Psychiatric Services
Section 9000

		<u>Last Revision:</u>
9000	Psychiatric Home Care Admission Criteria	August 1997
9010	Suicide Assessment & Prevention	August 1997
9020	Chemical Overdose	August 1997
9030	Aggressive/Assaultive Behavior	August 1997
9040	Voluntary or Involuntary Hospital Admission	August 1997
9050	Psychiatric Quality Assurance Monitors	August 1997

Subject: 9000 Psychiatric Home Care Admission Criteria**Policy Statement:**

Criteria are established for the acceptance of patients who need psychiatric home care services. Appropriateness of the psychiatric referral will be assessed to assure that individuals of all ages, national origin, race, religion, sex, sexual orientation or handicap are accepted without discrimination to implement criteria for the acceptance of patients who request psychiatric home care services based upon a reasonable expectation that the patient's psychiatric, medical, nursing, and social needs can be adequately met by home care staff members in the patient's place of residence.

Regulations:**Procedure:**

1. Document patient referral on the Intake Referral Form (DHEC 1635).
2. Assessment of appropriateness of the referral is made by a qualified psychiatric home care staff member using the following criteria:
 - a. The patient is under the active care of a licensed physician.
 - b. The patient has a major mental diagnosis (as determined by Axis I-per DSMIV) limited to schizophrenia, delusional disorder, major affective disorders, schizoaffective disorder, and/or atypical psychosis, and does not have a primary diagnosis of organic brain disease.
 - c. The home environment must be safe. The patient must be willing to participate in the care plan and have a caregiver or significant other who assists the patient medically as needed.
 - d. A reasonable expectation exists that the patient's psychiatric, nursing; medical, and social needs can be adequately met by psychiatric home care staff members. A plan of action for medical and psychiatric crises will be available.
 - e. The psychiatric and medical services provided must be necessary and reasonable for the treatment of the patient's illness.
 - f. The psychiatric home care staff is adequately prepared to provide the services needed by the patient.
 - g. The patient and/or guardian understands and signs all forms, including the patient's bill of rights and responsibilities the consent for treatment, and other agency agreement forms.
3. Admit patient to psychiatric home care services using the following procedures:

- a. The designated nurse, will make the initial contact with the patient within 48 hours unless otherwise ordered.
 - b. An evaluation and/or intake assessment of the patient's psychiatric, physical; medical, medication, and functional level; the safety of the home; and the patient and/or family's understanding of emergency needs and interventions *is* completed on the initial visit by the RN.
 - c. After the initial visit, consultation with the physician and appropriate interdisciplinary caregivers to develop the plan of treatment *is* discussed.
4. Contact will be made with the referring physician and the attending medical specialist (if the psychiatric patient has medical problems needing attention and orders) for additional orders upon admission to psychiatric home care services.
 5. Implement the following procedures if the patient refuses services or is not accepted for home care per DHEC policy (reference policy 3010)
 - a. The referral source and the physician will be notified with an explanation if the patient refuses services or does not meet admitting criteria.
 - b. The RN will discuss the patient's needs and whether other alternative services are available and appropriate (with the physician; patient and/or family members; the Psychiatric Coordinator and/or PNS; and other team members as appropriate). Other community resources should be utilized to promote patient's safety when psychiatric home care services are not initiated.
 - c. The RN documents the reason for non-admission in the evaluation summary.

Subject: 9010 Suicide Assessment and Prevention**Policy Statement:**

The safety of the patient and the staff are priorities for psychiatric home care. A comprehensive suicidal assessment will be completed when there is a potential suicide risk based on diagnosis or history or when a need is identified. A standardized suicide assessment tool will be used to provide guidelines for evaluation and interventions during a psychiatric crisis with a suicidal and potentially suicidal patient when MD orders are not available. To assist staff in providing the most appropriate care during a crisis until the physician/psychiatrist can be contacted and medical orders obtained.

Attempted suicide is defined as a self-destructive behavior that without intervention could result in death. The range of acts may be repeated and habitually self-inflicted to life-threatening behaviors such as isolated lethal acts that result in instant death. Attempted suicide can be used as an attempt for communication (a cry for help), or an attempt to control one's own life (depression causes severe powerlessness), or an attempt to control aggression by turning murder inward {depression as anger turned inward} .

"A suicidal patient is one who is thinking consciously or unconsciously about committing a self-destructive act, is expressing the intent to commit a self-destructive act, and/or has recently attempted or committed a self-destructive act." (Lego)

Regulations:**Procedure:**

1. A standardized suicidal assessment (see Exhibits 1,2) will be completed when there is a potential suicide risk based on diagnosis and history or when a need is identified. The physician(s) and the interdisciplinary team will be notified of any risk identified.
2. The suicide potential of each patient identified to be at risk will be assessed and documented on each subsequent visit. The staff member will be mindful of the following risk factors when conducting the suicidal assessment.
3. When a patient is actively or passively expressing suicidal ideation, remain calm and assess the patient for the following high-risk factors. Is or Does the patient:
 - a. Have an absence of available patient support systems.
 - b. Have a history of suicide attempts.
 - c. Have a family history of suicide or mental illness.
 - d. In poor physical health with or without a chronic terminal illness and/or have impaired adjustment with the aging process.
 - e. Have a recent loss of prestige, status, or employment.

- f. Have ineffective coping skills.
 - g. Generally impulsive.
 - h. Have a drug or alcohol usage or history.
 - i. Recently divorced or widowed.
 - j. A male or female over 70 years of age.
 - k. A male over 45 years of age or an individual under 18 years of age.
 - l. Confused with sexual orientation.
4. Assess the patient's mental status for the following high-risk factors. Is or Does the patient:
- a. Have a depressed mood with decreased -appetite, decreased weight, decreased sleep, increased psychomotor retardation.
 - b. Experiencing increased agitation, hostility, hopelessness, helplessness, isolation/withdrawn behavior.
 - c. Have ambivalence, apathy, or narrowed focus.
 - d. Have impaired or fragmented thoughts, command hallucinations, paranoid delusions, post-partum psychosis.
 - e. Experiencing crisis events.
5. Assess the patient for suicidal symptoms, ideation, and history. Has or Does the patient:
- a. Had previous suicide attempts.
 - b. Have suicidal plans with specificity. (The more specific the plan, the more serious the intent.)
 - c. Have plans with increased lethality; i.e., scratches on wrists, to use of alcohol with tranquilizers, to attempted hanging.
 - d. Been unable to verbally agree with staff not to harm self or sign a "no self-harm contract."
 - e. Been evaluated on a suicide assessment form as a "high" suicide risk.
6. The most lethal (potentially suicidal) patient is one who has (1) a specific and lethal plan that can be readily carried out, (2) is unable to contract not to harm self, and

(3) has a history of suicide attempts with increased lethality. However, any patient with any high-risk factors such as impaired mental health, and/or a suicide history, plan, or ideation and is now suicidal should be considered a serious suicidal risk.

7. After completing the initial suicidal assessment, the nurse or social worker will obtain a verbal contract from the "low" or "moderate" risk patient not to harm self.
8. The patient who is unable to contract will be reported to the Psychiatric Coordinator or the PNS and physician(s) immediately. The staff member will stay with the patient until a safe plan is appropriately implemented or the staff member is appropriately relieved.
9. After completing the initial suicidal assessment, the nurse or the social worker will report the "high" risk patient to the physician(s) and the Psychiatric Coordinator or the PNS immediately. If the situation becomes an emergency, the staff member will call 911. The staff member will stay with the patient until a safe plan is appropriately implemented or until the staff member is appropriately relieved.
10. If the patient threatens or attempts suicide during 'a home visit made by ANY staff member, the following steps must be initiated IMMEDIATELY:
 - a. Stay with the patient until a safe plan is appropriately implemented.
 - b. Remember that the safety of the staff and the patient is prime consideration.
 - c. Call 911 or initiate other emergency procedures as needed for patient's safety, e.g., when patient refuses hospitalization, when no one is available to transport patient to facility.
 - d. Inform the Psychiatric Coordinator or the PNS of patient status and plan and follow guidance for further care.
11. The Psychiatric Coordinator, or the health care professional in the home during the incident will notify the physician immediately and follow instructions for further care.
12. The Psychiatric Coordinator or the health care professional will notify the interdisciplinary team as soon as possible.
13. The Psychiatric Coordinator and the PNS must be notified of all incidents. An incident report will be completed and all proceedings documented in patient's clinical record.

Subject: 9020 Chemical Overdose**Policy Statement:**

The safety of the patient, family, caregiver, and home health staff are priorities during a suspected drug-induced crisis. There will be consistent and appropriate assessments and interventions completed when a chemical overdose is suspected in patients who are suicidal or wish to harm self when being cared for by home health staff. Guidelines for evaluation and interventions during a psychiatric crisis with a suicidal patient who has taken a chemical overdose and MD orders are not available will be provided.

Regulations:**Procedure:**

If a patient has taken an overdosage of medications or otherwise inflicted harm to self, the following procedures should be implemented:

1. Remain calm and assess patient's medical status, e.g., is patient breathing, responsive to verbal commands, conscious, etc.
2. Call 911 immediately and initiate emergency procedures within the scope of training and practice.
3. Assess what patient has ingested (if overdose suspected).
 - a. Look at container and note drug, dosage, and amount of pills remaining.
 - b. If able, question patient about name, amount and time of ingestion of pills.
4. Observe for signs and symptoms of overdose; nausea, vomiting, lethargy, loss of consciousness, diarrhea, convulsions.
5. RN to:
 - a. Note appearance and odor of vomit: note abnormalities of stool and urine such as color or presence of blood.
 - b. Assess neurological S/S: presence of excitement, muscular twitching, delirium, speech difficulty, stupor, coma, constriction or dilation of pupils, elevated or subnormal temperature.
 - c. Save all specimens examined.
6. Call physician and report findings and patient's status.
7. Report all findings to paramedics and/or police.

8. Call the Poison Control Center (1-800-922-1117), as appropriate.
9. Report incident to P.N.S and Psychiatric Coordinator. Complete incident report and document in patient's clinic record.

Subject: 9030 Aggressive/Assaultive Behavior**Policy Statement:**

The safety of the patient, family, caregiver, and home health staff are the main priorities during a psychiatric crisis involving aggressive/assaultive behavior. There will be consistent and appropriate assessment and interventions completed when a patient's behavior becomes aggressive or assaultive when being cared for by home health staff.

Patients dealing with emotional pressures can become overwhelmed and lose control of their behavior. Guidelines will be provided for evaluation and interventions during a psychiatric crisis with an aggressive or assaultive patient and MD orders are not available to assist staff in administering the most appropriate care during a crisis until the physician can be contacted and medical orders can be acquired.

Regulations:**Procedure:**

1. If a patient is exhibiting aggressive/combatative behavior or attempts any violence directed at others, the psychiatric staff should remain calm, stay in a safe area, and assess the following symptoms for degree of loss of control.
 - a. Demanding, antagonistic behavior, use of abusive language with acceleration in profanity.
 - b. Increased delusional or paranoid thinking.
 - c. Hallucinations telling patient that he/she must harm another to remain safe.
 - d. Previous assaultive episodes.
 - e. Motor restlessness and pacing.
 - f. Throwing objects.
2. Keep a safe distance from the patient and do not attempt to disarm him/her (if patient has weapon). Leave the home if threatened or fearful of harm and remain in close support.
3. Approach the patient in a calm, direct manner. Maintain a positive attitude, keeping anger and fear in control to minimize the patient's own feelings of lack of control. Make the patient feel safe.
4. Identify issues leading to escalating behavior to reassure the patient of staff's concern and understanding, if, possible. Do not dwell on minute details for clear understanding. This can lead to escalation of aggressive behavior.
5. Maintain appropriate eye contact to convey concern and support. Communicate to the

patient that he/she is expected to maintain control over behavior at all times.

6. Give the patient the option of controlling his/her behavior, as opposed to calling 911. Convey concern for the patient's safety and security. Do not treat 911 as a threat, but as a safety measure for the patient.
7. If patient is able to de-escalate and gain control of behavior and the psychiatric staff's assessment concurs, these procedures should be followed:
 - a. Reassure the patient that any specific concerns will be addressed after control is regained.
 - b. Accompany the patient to a quiet room with decreased environmental stimuli. The escalating patient is hypersensitive to environmental stimulation.
 - c. Provide individual attention with ongoing reassessment of the patient's status. As de-escalation continues, explore the patient's concerns and alternatives for dealing with the overwhelming, out-of-control feelings.
 - d. Administer/assist/observe patient as appropriate with taking prn medications or contact physician for appropriate medication orders as needed. Reassure patient that medications will assist with regaining control of behavior.
 - e. Instruct/assist/support patient in anger-management techniques and relaxation techniques to assist with aggressive behavior.
8. If patient's behavior is hostile and continues to escalate (staff's assessment), or the patient has a weapon or is threatening to harm others, the following procedures should be implemented:
 - a. Keep a safe distance from the patient, and do not attempt to disarm him/her. If necessary, leave the unsafe environment and ask others in the home whose safety may be in jeopardy to leave.
 - b. Call 911 and report incident. Call patient's physician.
 - c. Remain with patient or outside in a safe area until police and paramedics arrive. Supply any further information needed.
 - d. Report incident to Psychiatric Coordinator/PNS. Complete incident report and document in patient's clinical record.

Subject: 9040 Voluntary or Involuntary Hospital Admission**Policy Statement:**

The safety of the patient, family, caregiver, and home health staff are priorities during the psychiatric crisis of a mentally ill patient needing voluntary or involuntary psychiatric hospital admission while on home health services.

There will be consistent and appropriate assessments and interventions completed of a mentally ill patient identified as a danger to self or others. Guidelines for evaluation and interventions during the psychiatric crisis of a mentally ill patient who is a danger to self or others and physician orders are not available will be provided to assist staff in administering the most appropriate care during a crisis until the physician can be contacted and medical orders acquired.

Regulations:**Procedure:**

1. If a nonviolent, psychiatric patient is a danger to self or others and is voluntarily willing to be admitted to an acute psychiatric facility, the following procedures should be implemented:
 - a. Maintain the patient, family/caregiver, and home health staff's safety.
 - b. If patient is nonviolent, place him/her in a safe room with caregiver and no available harmful objects.
 - c. Notify the physician that the patient is a danger to self or others and needs and agrees to hospitalization.
 - d. Request that the physician make arrangements for admission to the psychiatric hospital.
 - e. If physician is unavailable and the patient agrees to be voluntarily admitted to the hospital, call the psychiatric facility identified on the admission referral sheet or other psychiatric facility as appropriate and speak with the intake department.
 - f. Assist the family/caregiver in arranging transportation (ambulance if needed) to the hospital.
 - g. Report incident to Psychiatric Coordinator and/or PNS. Complete incident report and document in patient's medical record.
2. If a psychiatric patient is a danger to self or others,
 - a. Maintain a calm, non-threatening manner. Identify a safe area. Do not attempt to disarm patient (if a weapon is present). Keep in mind the patient, family/ caregiver, and staff's safety status.

- b. If possible, explain to patient the need for assistance in controlling his/her behavior by initiating emergency procedures. Call 911 or the Psychiatric Emergency Team and report incident.
- c. Notify the physician that the patient is a danger to self or others and needs hospitalization. Notify the physician that the patient is unwilling to consent to hospitalization and that 911 has been called.
- d. Request that the physician make arrangements for admission to the psychiatric hospital. Notify family/ caregiver of the pending hospitalization. In case of unavailability, each district must ascertain the nearest non-voluntary admission facility and follow the appropriate protocol to have patient admitted. Commitment proceedings should be initiated as needed for the safety of patient and others.
- e. Remain with the patient until the police and/or paramedics arrive and give any information needed.
- f. Report the incident to the Psychiatric Coordinator and the PNS. Complete the incident report and document the findings, action taken, and outcome in the patient's clinical record.

Subject: 9050 Psychiatric Quality Assurance Monitors**Policy Statement:**

Reasonable precautions will be taken to maintain the patient's safety in the home. Quality assurance monitors should be implemented for patients taking psychiatric medications and patients with potential or actual suicidal ideation.

Procedure:

1. A suicidal assessment will be completed when there is a potential risk based on patient's diagnosis and history.
2. The patient's potential for suicide must be assessed on each visit and results of the assessment must be documented on the progress notes.
3. The clinical/progress notes will reflect that the patient is safe.
4. If the patient is determined unsafe, the notes will show that the physician was notified and crisis intervention procedures were followed.
5. If a patient is taking an antipsychotic medication, an assessment for Extra Pyramidal Responses and/or Tardive Dyskinesia will be made monthly and/or after any medication or dosage changes and documented in the nursing progress note.
6. If a patient is taking a tricyclic/antidepressant medication, an assessment, for orthostatic hypotension will be made every visit and documented in the nursing progress notes.
7. If the patient is taking a MAO inhibitor medication, education of dietary restrictions and the patient's understanding and compliance with the diet will be documented in the nursing progress notes.
8. If problems are noted upon assessment, notification to the appropriate MD will be documented in the progress notes.
9. The findings, conclusions, recommendations, actions taken, and results of actions taken are documented and reported through established channels.
10. At least annually, an assessment of the effectiveness of quality improvement activities in identifying opportunities to improve patient care and identify and resolve problems in patient care must be completed.

DHEC IMMUNIZATION PROGRAMS

DHEC has the following immunization programs:

- I. VAFAC
- II. Adult
- III. Fee-for-Service (Includes International Travel)
- IV. Disease Control/Employee Health

For detailed policy information about the immunization programs referenced above, refer to the Health Services Policy entitled “Immunization Eligibility and Charges for DHEC Immunization Services.” This policy is located on the DHEC intranet at: [http://dhecnet/hs/policy/imz/Eligibility and Charges_policy_07_15_08.pdf](http://dhecnet/hs/policy/imz/Eligibility_and_Charges_policy_07_15_08.pdf)

I. VAFAC IMMUNIZATION PROGRAM

VAFAC PROGRAM ELIGIBILITY

Children 18 years of age and under that meet at least one of the following criteria are eligible:

- Medicaid Eligible
- Uninsured (no health insurance coverage)
- American Indian or Alaskan Native
- Underinsured (has health insurance but the insurance does not cover immunizations 100% at the time the service is provided)

There is one exception to underinsured eligibility. Underinsured are not eligible to receive HPV under VAFAC. If they receive this immunization in the Health Department, they should be charged Fee-For-Service. Alternatively, they may be referred to a Community Health Center or Rural Health Center where they are eligible to receive the immunization under the Federal Vaccine for Children (VFC) Program.

VACCINE ELIGIBILITY CRITERIA FOR THE VAFAC PROGRAM

Clinical providers should refer to the DHEC Immunization Program Standing Orders for vaccine eligibility criteria for the VAFAC Immunization Program.

VACCINES OFFERED IN THE VAFAC PROGRAM

Vaccine Name	Procedure Code	Diagnosis Code
DT	90702	V06.5
DTaP	90700	V06.1
DTaP, Hepatitis B & IPV (Pediarix)	90723	V06.8
Hepatitis A (Pediatric/Adolescent)	90633	V05.3
Hepatitis B (Pediatric/Adolescent)	90744	V05.3
Hib	90645	V03.81
HPV	90649	V05.8
Influenza (inactivated vaccine) (preservative free, 6 through 35 months of age)	90655	V04.81
Influenza (inactivated vaccine) (preservative free, 3 years of age & older)	90656	V04.81
Influenza (inactivated vaccine) (6 through 35 months of age)	90657	V04.81
Influenza (inactivated vaccine) (3 years of age & older)	90658	V04.81
Influenza LAIV (<i>Intranasal</i>)	90660	V04.81
IPV	90713	V04.0
Meningococcal	90734	V03.89
MMR	90707	V06.4
MMR & Varicella (ProQuad)	90710	V06.8
Pneumococcal Conjugate	90669	V03.82
Pneumococcal Polysaccharide	90732	V03.82
Rotavirus (Rota) (<i>Oral</i>)	90680	V04.89
Td	90718	V06.5
Tdap	90715	V06.8
Varicella	90716	V05.4

BILLING INFORMATION FOR THE VAFAC PROGRAM

MEDICAID

Vaccine Charge

There are no charges for the vaccine itself.

Visit/Administration Charges

Medicaid will reimburse a 99211 billing code for a VAFAC “shot only” visit. Effective with dates of service on or after April 1, 2008, the DHEC charge for this visit is \$20.00.

Effective with dates of service on and after October 1, 2006, Medicaid will reimburse up to three vaccine administration fees for vaccines administered under VAFAC. The procedure codes used to bill for the vaccine administration may vary depending upon whether the vaccines are administered by injection or intranasal/oral route.

Following is the list of procedure codes and pertinent billing information for billing vaccine administration of VAFAC vaccines:

Procedure codes 90471 and 90472 are used for vaccines administered by injection.

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections) of one vaccine (single or combination vaccine/toxoid)

Procedure code 90471 should be used to bill for the administration of the first vaccine. It may not be used more than once per visit. The DHEC charge and Medicaid reimbursement rate for procedure code 90471 is \$13.00. *This procedure code should not be used to bill for the administration of intranasal or oral vaccines such as Influenza LAIV or Rotavirus.* (Procedure code 90471 may not be used in conjunction with 90473.)

90472 Procedure code 90472 is an add-on code that should be used in conjunction with 90471 when more than one VAFAC vaccine is administered by injection. In this instance, procedure code 90471 would be used to bill for the first vaccine administered by injection, and procedure code 90472 would be used to bill for up to two more vaccines administered by injection. Procedure code 90472 may also be used in conjunction with 90473 when one vaccine is administered by oral or intranasal route and one or more vaccines are administered by injection. In this instance, procedure code 90473 would be used to bill for the vaccine administered by intranasal or oral route, and procedure code 90472 would be used to bill for up to two more vaccines administered by injection.

Procedure code 90472 may be used no more than twice per visit, regardless of the number of additional vaccines administered by injection. If procedure code 90472 is used for one additional vaccine, it should be billed with a \$13.00 charge. The Medicaid reimbursement rate is also \$13.00. If procedure code 90472 is used for two additional vaccines, it should be billed with a “2” in the units column and a total charge of \$26.00.

Procedure codes 90473 and 90474 are used for vaccines administered by intranasal or oral route.

90473 Immunization administration of one vaccine by intranasal or oral route

Procedure code 90473 should be used to bill for the administration of the first vaccine. It may not be used more than once per visit. The DHEC charge for procedure code 90473 is \$13.00. The Medicaid reimbursement rate is \$13.00. *This procedure code should not be used to bill for the administration of immunizations given by injection.* (Procedure code 90473 may not be used in conjunction with 90471.)

90474 Procedure code 90474 is an add-on code that should be used in conjunction with 90473 when more than one VAFAC vaccine is administered by intranasal or oral route. In this instance, procedure code 90473 would be used to bill for the first vaccine administered by intranasal or oral route, and procedure code 90474 would be used to bill for up to two more vaccines administered by intranasal or oral route. Procedure code 90474 may also be used in conjunction with 90471 when one vaccine is administered by injection and one or more vaccines are administered by intranasal or oral route. In this instance, procedure code 90471 would be used to bill for the vaccine administered by injection, and procedure code 90474 would be used to bill for up to two more vaccines administered by intranasal or oral route.

Procedure code 90474 may be used no more than twice per visit, regardless of the number of additional vaccines administered. If procedure code 90474 is used for one additional vaccine, it should be billed with a \$13.00 charge. The Medicaid reimbursement rate is \$13.00. If procedure code 90474 is used for two additional vaccines, it should be billed with a “2” in the units column and a total charge of \$26.00. The Medicaid reimbursement for two units is \$26.00.

You may not bill for more than three administration fees in a given visit. In instances where one immunization is given by intranasal or oral route and three or more immunizations are given by injection, in order to maximize reimbursement, you should bill for the three immunizations given by injection using procedure codes 90471 (1 unit) and 90472 (2 units). In this instance, you will not bill for the immunization given by intranasal or oral route.

MEDICAID PRIOR AUTHORIZATION REQUIREMENTS FOR THE VAFAC PROGRAM

Medicaid Coverage Type	Prior Authorization (PA) Requirements
Regular Medicaid Fee-for-Service	PA Not Required
Family Planning Waiver	N/A – Uninsured for Immunizations
MHN (PCCM) Enrollee	PA Required
HMOs	PA Not Required

PRIVATE PAY

There are no private pay charges for immunizations administered to children or adolescents who are not Medicaid eligible but meet the program eligibility for VAFAC as American Indians, Alaskan Natives, Uninsured, or Underinsured.

There is one exception to underinsured eligibility regarding the HPV vaccine. Underinsured are not eligible to receive HPV under VAFAC. If they receive the HPV immunization in the Health Department, they should be charged Fee-For-Service. Alternatively, they may be referred to a Community Health Center or Rural Health Center where they are eligible to receive the immunization under the Federal Vaccine for Children (VFC) Program.

Children who are not VAFAC eligible because they have either Medicare or private insurance with 100% coverage of immunizations are considered private pay clients. They should be charged for immunizations in accordance with the Fee-For-Service guidelines for immunizations offered under the Fee-For-Service Program or the Adult Immunization Program guidelines for immunizations offered under the Adult Immunization Program.

II. ADULT IMMUNIZATION PROGRAM

ADULT IMMUNIZATION PROGRAM ELIGIBILITY

The DHEC Adult Immunization Program serves individuals ≥ 19 years of age for whom the influenza, pneumococcal, Td, and Tdap vaccines are recommended, as defined by the ACIP. In addition, Hepatitis A & B (Twinrix) is also offered under the Adult Immunization Program for **persons receiving Preventive Health services in DHEC clinics.**

VACCINE ELIGIBILITY CRITERIA FOR THE ADULT IMMUNIZATION PROGRAM

Clinical providers should refer to the DHEC Immunization Program Standing Orders for vaccine eligibility criteria for the Adult Immunization Program.

VACCINES OFFERED IN THE ADULT IMMUNIZATION PROGRAM

Vaccine Name	Procedure Code	Diagnosis Code
Influenza (inactivated vaccine) (preservative free)	90656	V04.81
Influenza (inactivated vaccine)	90658	V04.81
Influenza LAIV (<i>Intranasal</i>)	90660	V04.81
Pneumococcal Polysaccharide	90732	V03.82
Td	90718	V06.5
Tdap	90715	V06.8
Hepatitis A & B (Twinrix) * only in conjunction with Preventive Health services	90636	V06.8

If the Hep A & B (Twinrix) series is started in conjunction with a DHEC Preventive Health Service, then additional doses needed to complete the series should also be administered under the Adult Immunization Program.

BILLING INFORMATION FOR THE ADULT IMMUNIZATION PROGRAM

MEDICAID

Medicaid only covers influenza immunizations by injection.

- Influenza LAIV**

Medicaid does **not** cover Influenza LAIV for adults. Persons receiving Influenza LAIV in the Adult Immunization Program should be charged as private pay clients for the Influenza LAIV.

- **Pneumococcal polysaccharide (PPV 23 vaccine)**

Medicaid covers pneumonia (pneumococcal polysaccharide - procedure code 90732) immunizations for adults who are in one of the following high-risk categories:

- Cardiovascular Disease
- Pulmonary Dysfunction
- Immune Deficiencies
- Sickle Cell Anemia
- End Stage Renal Disease
- Patients over age of 65
- Diabetes Mellitus

Vaccine Charge

Medicaid should not be billed for the cost of vaccines administered under the Adult Immunization Program.

Visit/Administration Charges

Effective April 1, 2008 a \$20.00 visit charge should be billed to Medicaid using procedure code 99211. Procedure code 99211 should be billed only once, regardless of the number of vaccines administered.

Effective April 1, 2008 a \$5.00 administration charge should be billed to Medicaid using procedure code 90772. Regardless of the number of vaccines administered on a visit, this code is billed with one (1) unit.

MEDICAID PRIOR AUTHORIZATION REQUIREMENTS FOR THE ADULT IMMUNIZATION PROGRAM

Medicaid Coverage Type	Prior Authorization (PA) Requirements
Regular Medicaid Fee-for-Service	PA Not Required
Family Planning Waiver	N/A – Uninsured for Immunizations
MHN (PCCM) Enrollee	PA Required
HMOs	PA Not Required

PRIVATE PAY

A \$20.00 visit charge and a \$5.00 administration fee should be charged to all private pay patients. **Regions should accept any fee amount that the patient can afford to pay as payment in full.** Any amount that the patient cannot pay will need to be adjusted from the patient's account. Patients should not receive a bill for services received through the Adult Immunizations program.

III.FEE-FOR-SERVICE IMMUNIZATION PROGRAM (INCLUDES INTERNATIONAL TRAVEL)

FEE-FOR-SERVICE PROGRAM ELIGIBILITY

The DHEC Fee-For-Service Immunization Program is an optional program for Public Health Regions. Regions may choose to establish this program by purchasing vaccines with earned funds and charging fees, as specified below, for immunization services and products. This program includes vaccines for international travel.

VACCINE ELIGIBILITY CRITERIA FOR THE FEE-FOR-SERVICE PROGRAM

Clinical providers should refer to the DHEC Immunization Program Standing Orders for vaccine eligibility criteria for the Fee-For-Service Immunization Program.

VACCINES OFFERED AND BILLING INFORMATION FOR THE FEE-FOR-SERVICE PROGRAM

Vaccine Administration	DHEC Charge for Vaccine Administration
PV = Visit/Administration fees for fee-for-service (non international travel)	\$20.00 visit charge plus \$5.00 administration fee.
ITAF = International travel visit/administration fees The international travel visit/administrative fees (ITAF) are applicable to each individual or family member who receives the service. The only exception to this is the international travel patient who can have all his or her travel vaccine requirements met exclusively through either VAFAC and/or the Adult Immunization Program. In this instance, the ITAF would not be applicable. Instead, the PV fees, as applicable in the VAFAC and/or Adult Immunization Programs, would apply.	\$40.00 visit charge plus \$5.00 administration fee (Fees for first visit) \$20.00 visit charge plus \$5.00 administration fee (Fees for each subsequent visit to complete immunizations)

Vaccine Name	Procedure Code	Diagnosis Code	DHEC Charge For Vaccine (VAX) & Vaccine Administration (PV or ITAF)
DT	90702	V06.5	VAX = \$27.00 + (PV or ITAF)
DTaP	90700	V06.1	VAX = \$19.00 + (PV or ITAF)
DTaP, HepB & IPV (Pediarix)	90723	V06.8	VAX = \$63.00+ (PV or ITAF)
Hepatitis A (Pediatric/Adolescent)	90633	V05.3	VAX = \$18.00 + (PV or ITAF)
Hepatitis A * (Adult)	90632	V05.3	VAX = \$24.00 + (PV or ITAF)
Hepatitis B (Pediatric/Adolescent)	90744	V05.3	VAX = \$14.00 + (PV or ITAF)
Hepatitis B * (Adult)	90746	V05.3	VAX = \$31.00 + (PV or ITAF)
Hep A & Hep B (Twinrix)	90636	V06.8	VAX = \$49.00 + (PV or ITAF)
Hib	90645	V03.81	VAX = \$27.00 + (PV or ITAF)
HPV	90649	V05.8	VAX = \$140.00 + (PV)
IG	90281	V01.79	VAX = \$31.00 per 2 mL vial + (ITAF)
IPV	90713	V04.0	VAX = \$30.00 + (PV or ITAF)
Japanese Encephalitis	90735	V05.8	VAX = \$107.00 + (ITAF)
Meningococcal (MCV4) * (Ages 2-55 only)	90734	V03.89	VAX = \$105.00 + (PV or ITAF)
Meningococcal (MPSV4) * (Ages 2 and older)	90733	V03.89	VAX = \$107.00 + (PV or ITAF)
MMR	90707	V06.4	VAX = \$53.00 + (PV or ITAF)
MMR & Varicella (ProQuad)	90710	V06.8	VAX = \$138.00 + (PV or ITAF)
Pneumococcal Conjugate	90669	V03.82	VAX = \$88.00 + (PV or ITAF)
Rabies	90675	V01.5	VAX = \$163.00 + (ITAF)
Rotavirus (Rota) (<i>Oral</i>)	90680	V04.89	VAX = \$78.00 + (PV or ITAF)
Td	90718	V06.5	VAX = \$23 + (PV or ITAF)
Tdap	90715	V06.8	VAX = \$41 (PV or ITAF)
Typhoid Oral	90690	V03.1	VAX = \$37.00 + (ITAF)
Typhoid Injectable (TYPHIM VI)	90691	V03.1	VAX = \$50.00 + (ITAF)
Varicella	90716	V05.4	VAX = \$87.00 + (PV or ITAF)
Yellow Fever	90717	V04.4	VAX = \$81.00 + (ITAF)

* These vaccines are billable to Medicaid. **The visit should be billed using procedure code 99211, and the administration charge billed with procedure code 90772.**

Medicaid does not cover any immunizations given for international travel.

MEDICAID PRIOR AUTHORIZATION REQUIREMENTS FOR THE FEE-FOR-SERVICE PROGRAM

Medicaid Coverage Type	Prior Authorization (PA) Requirements
Regular Medicaid Fee-for-Service	PA Not Required
Family Planning Waiver	N/A – Uninsured for Immunizations
MHN (PCCM) Enrollee	PA Required
HMOs	PA Not Required

PRIVATE PAY

Private pay clients are expected to pay full charges, as listed in the vaccine and vaccine administration tables, for the vaccines administered in the Fee-For- Service Immunization Program.

Private pay charges are also applicable to Medicaid clients for vaccines that are not covered by Medicaid.

Miscellaneous Private Pay Services	DHEC Charge
Travel Card (Applicable when the patient receives immunizations for international travel from a private physician and only needs the immunizations typed onto the travel card)	\$1.00
International Travel Booklet (Applicable when the patient is given an international travel booklet)	\$2.00

Third Party Manual for Women and Children's and Disease Control Services

IV. DISEASE CONTROL/EMPLOYEE HEALTH IMMUNIZATION PROGRAM (INCLUDES RABIES)

DISEASE CONTROL/EMPLOYEE HEALTH PROGRAM ELIGIBILITY

The Disease Control/Employee Health Immunization Program establishes access to vaccines and immune globulins recommended by the ACIP for preexposure and postexposure disease control interventions. This program may include rabies post-exposure prophylaxis, immune globulin for hepatitis A contacts, etc.

VACCINE ELIGIBILITY CRITERIA FOR THE DISEASE CONTROL/EMPLOYEE HEALTH PROGRAM

Clinical providers should refer to applicable DHEC policies and the DHEC Immunization Program Standing Orders for vaccine eligibility criteria for the Disease Control/Employee Health Immunization Program.

VACCINES OFFERED IN THE DISEASE CONTROL/EMPLOYEE HEALTH PROGRAM

Vaccine Name	Authorizing Program	Procedure Code
HBIG	Disease Control & Employee Health	90371
Hepatitis A (Pediatric/Adolescent)	Disease Control	90633
Hepatitis A (Adult)	Disease Control & Employee Health	90632
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BILLING INFORMATION - DISEASE CONTROL/EMPLOYEE HEALTH PROGRAM

The Disease Control/Employee Health Immunization Program has no charges for vaccines or the administration of those vaccines.

SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF LABORATORIES

SERVICES GUIDE

C. EARL HUNTER
COMMISSIONER

ARTHUR WOZNIAK, Dr. P.H., CHIEF
BUREAU OF LABORATORIES

TENTH EDITION
2006

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SERVICES GUIDE
DHEC Bureau of Laboratories
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PURPOSE OF MANUAL

The purpose of this manual is to provide our clients with information about the laboratory testing availability and to provide a guide for collecting and submitting specimens.

This edition can also be accessed on DHEC website at <http://dhecnet/hs/manuals.htm> and on the internet at <http://www.scdhec.gov/health/lab/services/>.

MISSION STATEMENT

The mission of the Bureau of Laboratories is to provide laboratory-based health and environmental assessments for accurate diagnosis, prevention and surveillance of infectious and chronic diseases, congenital disorders and environmental hazards to reduce the incidence of illness and death and to improve the quality of life among the people of the state.

GENERAL INFORMATION

The Bureau of Laboratories, S.C. Department of Health and Environmental Control, formerly named the State Public Health Laboratory, is a multi-disciplinary, integrated source of diagnostic services including analytical support and consultation for physicians, private laboratories, hospitals, and county health departments. The Bureau of Laboratories is prepared to assist in any national public health emergency.

PHYSICAL ADDRESS:

The Bureau of Laboratories is located in the James A. Hayne Building at 8231 Parklane Road, Columbia, South Carolina 29223, on the campus of the State Park Health Center. State Park is located between Highway 555 (Farrow Road), Parklane Road and the I-77 connector (Bull Street extension or S.C. I-277) two miles north of I-20; 2 miles west of Columbia Mall. Using the Parklane Road Entrance, the Hayne Building is at the end of the first left turn.

HOURS OF BUSINESS

The official working hours are from 8:00 A.M. to 4:00 P.M. Monday through Friday.

WEEKEND AND HOLIDAY TESTING

The laboratory maintains an ON-CALL Roster for all weekends and holidays. Individuals requesting information or services of an emergency nature can call the main number, 803-896-0800. This number transfers to an answering service who will contact the Director on call.

EMERGENCY RESPONSE/ DISASTER PREPAREDNESS

As part of the DHEC's Emergency Preparedness Plan of Action for emergencies, the Bureau of Laboratories is equipped and the staff is trained to respond rapidly and effectively to a medical emergency natural disaster or Act of Bioterrorism. If the emergency occurs outside of regular working hours, personnel will be called back or work overtime as needed to provide laboratory support.

SPECIMEN RECEIVING

Specimens transported by General Services' courier are placed in specially marked boxes and are picked up by lab staff from the Sims-Aycock complex between 5:30 and 6:00 AM Tuesday through Saturday. Specimens are picked up by laboratory staff on weekends and holiday periods exceeding 24 hours from the U.S. Post Office and DHEC at 2600 Bull Street. These are sorted and stored according to established protocol to be accessioned on the next working day.

Specimens sent by first class mail are delivered from the Sims-Aycock complex by DHEC courier at 9:00 AM Monday through Friday. Those with a Parklane Road address are picked up by the Supply staff at 8:30 AM. The U.S. Post Office delivers at approximately 12:30 PM, Monday through Friday.

Specimens are accepted at the Hayne Building during business hours of 8:00 AM to 4:00 PM Monday through Friday, except for state holidays. Private couriers should call Specimen Management at 803-896-0898 to arrange for delivery at the back entrance of the Hayne Building. Private individuals delivering specimens must enter the building through the front entrance. The Protective Services Officer will assist them.

AFTER HOURS DELIVERY OF SPECIMENS

There is an after hours depository located on the loading dock at the rear of the building. This depository is a refrigerator primarily for animal heads. If the specimen should not be refrigerated or may break if dropped into the depository, special arrangements for delivery must be made with the laboratory section conducting the test. This person will notify the Protective Services Officer on duty that a delivery is expected.

CONTACT PERSONS AND PHONE NUMBERS

(Area Code 803)

Reports	896-0898
Laboratory Request Forms/Mailing Containers.....	896-0913
Facilities Maintenance (Laboratory Instrument Services)	896-0919
Bureau Chief	Arthur Wozniak, Dr. P.H..... 896-0965
Director, Microbiology Division.....	Jennifer F Meredith, Ph.D 896-0870
Director, Chemistry Division.....	John E Reddic, Ph.D 896-9725
Director, Support Division.....	Evelyn Y Edwards, M.P.H..... 896-0897
Director, Logistic Division	David C Rivers 896-0923
Director, Office of Quality Assurance	Roberta Bartholdi, MS MT (ASCP) 896-3897
Director, Office of Laboratory Safety.....	Connie E Gray, M.P.H..... 896-0956

LABORATORY ACCREDITATION AND CERTIFICATION

CLINICAL TESTING - CLIA ID # 42D0658606
INDUSTRIAL HYGIENE - AIHA # 100621
ENVIRONMENTAL LEAD - AIHA # 100621
DAIRY PRODUCTS - FDA # 45001

TESTING POLICIES

PERSONS AUTHORIZED TO ORDER TESTS

The Laboratory will accept clinical laboratory specimens for testing from physicians, health departments, and hospital laboratories, or as provided by South Carolina statutes. These senders will be responsible for receiving, relating, interpreting, and/or distributing the data. A clinical laboratory specimen is described as any material derived from the human body for the purpose of diagnosis, prevention, treatment or assessment for medical or legal purposes. Clinical laboratory specimens for drug-of-abuse testing from other sources (legal entities) will be accepted with prior approval of the appropriate Division Director or Bureau Chief. Inanimate substances and other samples submitted for examination (e.g., food samples, animal heads for rabies, veterinary specimens, etc) may be accepted from private citizens at the discretion of the Division Director, Laboratory Supervisor, or Bureau Chief.

VERIFICATION OF ORALLY ORDERED TESTS

When additional tests are requested by telephone, the caller is asked to follow up with a written request on letterhead, or an additional laboratory request form for the test(s) requested. The written request should be sent to the attention of the Specimen Management Section or to the Laboratory Supervisor. The additional test(s) will not be performed until the written request is received. With time sensitive tests, the specimen may be tested immediately and the results held until the written request is received. In this case the caller may fax the request to the Laboratory. The caller should obtain the proper fax number at the time of their request. To process and test a specimen without a written request, the oral request is recorded in the telephone log of the area receiving the call: **Exception: No HIV tests will be performed without written request at the time of testing.** All specimens will be discarded if a written request is not received within seven working days.

REQUESTING REPEAT TESTING ON A SEROLOGY SPECIMEN

To request a repeat serology test call Specimen Management at (803) 896-0898. Specimens are discarded after seven working days. A retest request must be made within that time period. Repeat testing on the same specimen may not always be feasible. The caller may be asked to briefly provide some patient clinical information and history to assist in determining the best approach. In some cases, a second (new) specimen for testing may be recommended. In other cases, the patient's clinical history may provide an explanation for the initial result, and retesting may not be necessary.

SPECIMENS REFERRED FOR TESTING TO CDC

Laboratories wishing to send specimens directly to CDC should contact Microbiology Division at (803) 896-0870. The sender will be assigned a State Health Department number and will be asked to fax or mail to the Laboratory a copy of the information being sent. CDC forms are also available from the Laboratory.

OTHER REFERENCE LABORATORIES

If a specimen is sent to a reference laboratory for initial, follow-up or verification testing by the Bureau of Laboratories, the sender will be notified that the specimen has been referred. The original result report from the reference laboratory is forwarded or faxed to the sender. A copy of the report is maintained by the laboratory.

STAT TESTING

Requests received in the morning mail will be put in the day's run. The results will be telephoned to the requestor, followed by a hard copy report. If the request is for a test that will not be performed immediately, the requestor will be informed by telephone when the test will be performed and the result available.

CONFIRMATORY TESTING

When confirmatory tests are necessary, patient results are not released until all testing is completed.

LABORATORY SPECIMENS SENT TO THE BUREAU OF LABORATORIES IN ERROR

Specimens sent to the laboratory in error will be returned to the sender as soon as possible.

CORRECTION OF PATIENT INFORMATION

All requested changes to the request form by the sender must be documented on letterhead, dated and signed by the requestor. A returned copy of the original laboratory report requesting the missing information is acceptable to communicate changes needed as long as the sender states clearly what is needed, dates, and signs or photocopy the report. The patient's record will be updated to reflect the change and a corrected report will be mailed to the sender.

PREMARITAL TESTING

There is no premarital testing requirement to obtain a marriage license in South Carolina.

The Bureau of Laboratories has the required premarital forms from all states with premarital testing requirements. A signed form for the state named will be returned to the requesting facility along with the result report. Call 803-896-0800 for additional information.

States Requiring Pre-Marital Testing

F=Female

INDIANA	Rubella (F)
MASSACHUSETTS	Syphilis
MISSISSIPPI	Syphilis
MONTANA	Rubella (F), exemption granted by physician
OKLAHOMA	Syphilis
DISTRICT OF COLUMBIA	Syphilis
PUERTO RICO	Syphilis

SPECIMEN REJECTION & DISCLAIMER CRITERIA

These are considered Universal rejections as they apply to all specimens submitted for testing. Specific Test related rejections are listed in the Alpha Test section and the collection procedures.

NO SPECIMEN RECEIVED

When a request form is received without a specimen, a computer inquiry is made to determine if the specimen has been received with another test request. If so, the specimen is obtained and aliquoted for all tests. If no specimen is found, the request form is numbered, processed, and reported "No specimen received."

NO REQUEST FORM RECEIVED

If a specimen is received without a request form and the sender cannot be identified from the specimen label, the specimen will be held for seven days awaiting telephone inquiry or delayed receipt of form. After seven days the specimen is discarded.

NO NAME ON SPECIMEN

When a specimen is received without an identifying number or patient name, it WILL NOT be tested. An exception may be made for a specimen that cannot be recollected because of its unique anatomic source, collection method or time of collection. Examples include: CSF, peritoneal pleural and synovial fluids, autopsy, biopsy, or organ specimens, and specimens collected prior to the initiation of antimicrobial therapy.

NO NAME ON REQUEST FORM

When a request form is received without a name, and there is no other identification on the form that matches the information on the specimen, the specimen will be reported as "No name on form."

NO TEST REQUESTED

If the Test requested block is not marked on the request form and the sender is known, the specimen will be held and the sender notified by phone, fax or mail to send a corrected request form. When the corrected request form is received, the specimen will be tested. The sender will be notified to send a corrected request form.

OTHER MISSING INFORMATION

If other necessary information is missing, the specimen will be tested and the missing information will be requested by phone or by mail. The result will be held until the missing information is received.

MISMATCHED INFORMATION

When the name on the request form and the specimen do not match, the specimen will not be tested. It will be reported as "Name on specimen differs from name on request form."

PARTIAL INFORMATION MATCHES

When there is a partial name match and other data on the request form indicates it is most probably the same patient, (Patient ID or SS Number), the name on the tube is written on the request form, and the test is run and a disclaimer added to the report.

SPECIMEN BROKEN OR LEAKED IN TRANSIT

When a broken or leaking specimen is received, every attempt will be made to salvage it without compromising the integrity of the specimen. An exception is made for TB Culture of sterile body fluids.

INCORRECT SPECIMEN RECEIVED

If the specimen received is incorrect for the test requested, a search is initiated to determine if the correct specimen was received with a request form for a different test. If the specimen is found, testing will be done. If the specimen is not found, the specimen is reported as "incorrect specimen received."

UNSATISFACTORY SPECIMENS

The Bureau of Laboratories will not examine and will discard specimens which are received in unsatisfactory condition. The reasons for the rejection will be reported to the sender on the standard laboratory report form. Unsatisfactory conditions include but are not limited to:

- Hemolyzed, chylous, or contaminated specimen,
- Specimen received beyond the acceptable time for testing,
- Specimen taken too soon or too late in the illness for the test requested,
- Specimen was stored and shipped at improper temperature,
- Specimen is nonviable, or decomposed
- Specimen quantity insufficient

Specimens that have some degree of hemolysis, icteric, or chylous, will be tested if the degree of hemolysis or lipemia does not interfere with the examination. The undesirable condition will be indicated on the report form.

RESULTS REPORTING POLICIES

All laboratory reports generated are considered confidential information. The reports will be released only to authorized persons. Electronic transfer of results is available to DHEC county health departments and some private sector clients. Contact the laboratory at 803-896-0800 for more information.

REPORTING SCHEDULE

Results are routinely processed for mailing or electronic reporting twice daily. On Fridays and on the last working day before a holiday any reports printed after the courier service are mailed.

TELEPHONE RESULTS

Panic or Critical Values or Life-Threatening results and/or public health emergencies are telephoned to the appropriate person. A result will not be left on voice mail or an answering machine. A message to call the Bureau of Laboratories for a report will be left.

COPIES OF RESULTS REPORTS

1. Rabies testing: One copy is sent to the sender and one to the county health department.
2. Newborn Screening: One copy is sent to the hospital submitting specimen and one to the physician whose name has been entered on the request form. If no attending physician is listed, two copies are sent to the hospital.
3. All other tests: One copy is returned to the name entered in the sender section of the request form.

We regret that we cannot honor requests for multiple copies. If multiple copies of other test reports are needed, we suggest you photocopy the original report issued.

REMAILING OF RESULTS REPORTS

If a physician or clinic to which the patient has been referred requests a copy of a test result, the report will be reprinted with the original sender number and mailed as requested. If, for some reason, you do not receive a report, you may obtain a copy by calling 803-896-0898.

CORRECTING REPORTING ERRORS

If an error or the possibility of an error is discovered by the laboratory after results have been mailed, the sender will be notified immediately by telephone. The error will be explained and the correct result given. A corrected hard-copy report will be issued with the comment "Corrected Report" at the next printing.

If an error in reporting is discovered by the sender, the laboratory should be notified immediately. The error will be corrected and a corrected report will be mailed. The corrected report will be printed with the comment "Corrected Report".

DISEASE REPORTING

The Code of Laws of South Carolina (1976) Section 44-29-10: Regulation 61-20 mandates that the Commissioner of DHEC is to publish annually a list of diseases to be reported by physicians and laboratories. This list can be found on the internet at scdhec.net/hs/diseasecont/disease.htm.

All communicable disease outbreaks and unusual disease occurrences should be reported so that appropriate control measures can be implemented.

SECTION II

ALPHA LISTING OF TEST INFORMATION

ABO GROUPING

Available only to DHEC clinics

Synonyms: Blood grouping

Test Laboratory: Clinical, Hematology/Immunohematology unit, 803-896-0954

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test # 701

Special Instructions: See [Venipuncture Procedure, Section III](#), if needed.

Specimen & Volume: 5-7ml EDTA anticoagulated whole blood and 5-7 ml whole clotted blood

Container: One Lavender Top (EDTA) and 1 Red Top Vacuum Tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Hemagglutination

Add. Information: Identifies blood as Group A, Group B, Group O, Group AB

CPT Code: 86900

ACANTHAMOEBA CULTURE - See "Amoeba Culture"

ACID FAST BACILLI CULTURE (AFB) - See "Mycobacterial Culture"

ADENOVIRUS CULTURE

Synonyms: Respiratory Virus culture

Test Laboratory: Virology/Rabies, 803-896-0820/0819

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #270

Special Instructions: Collect specimen while patient is acutely ill and febrile.

See [Viral Culture Collection Procedure, Section III](#)

Specimen & Volume: Throat swab, N-P swab, Eye swab, Rectal swab, walnut sized portion of feces, 5-10 ml urine, 1 ml. CSF, small piece fresh, unfixed tissue, or 10 ml. EDTA anti-coagulated whole blood

Container: Screw-capped tube of viral transport media for swabs, (provided on request), clean plastic container for feces or urine, Lavender Top (EDTA) vacuum tubes for blood, and screw-cap collection tube for CSF

Storage/Shipping Temperature: Store in refrigerator and ship cold with cold packs. If held longer than 48 hours, freeze at -70°C and ship on dry ice except for blood. **Blood should not be frozen.**

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Calcium alginate swab used, specimen not cold on arrival. For universal rejections, See [Section I](#)

ADENOVIRUS Culture (Continued)

Methodology: Virus isolation; centrifuge enhanced (Shell Vial) technique; ID by FA

Add. Information: NA

CPT Code: Culture 87254; Identification 87253

AEROBE REFERRED FOR IDENTIFICATION-See "Bacterial Isolate for Identification"

AIDS TESTING - See "HIV"

ALCOHOL SCREEN - See "Drugs of Abuse Screen, Urine"

AMOEBAE CULTURE

Synonyms: Acanthamoeba culture, Naegleria culture

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #410

Special Instructions: Notify Clinical Microbiology lab prior to submission. Protect specimen from cold temperatures. Pages' Amoeba saline transport is available on request from Clinical Microbiology.

Specimen & Volume: 1 ml CSF or small piece of tissue (brain, lung, corneal scrapings)

Container: Sterile screw-capped tube containing small amount of Page's amoeba saline

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen refrigerated or frozen.

For universal rejections, See [Section I](#)

Methodology: Culture and microscopic examination

Add. Information: Culture for the presence of Acanthamoeba or Naegleria

CPT Code: 87181

AMPHETAMINES SCREEN - See "Drugs of Abuse Screen, Urine"

ANTIBODY SCREEN

This test is only performed as part of the prenatal screen for DHEC clinics

Synonyms: Indirect Coombs, Indirect Antiglobulin test

Test Laboratory: Clinical, Immunohematology Unit 803-896-0890

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test # 702

Special Instructions: Do NOT use serum separator tube. Separate serum from clot. Specimen must be less than 48 hours old when tested. See [Venipuncture procedure, Section III](#), if needed.

Specimen & Volume: 5-7 ml blood or 2 ml serum

Container: Sterile red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

ANTIBODY SCREEN (Continued)

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, Specific: Serum separator tube used; specimen too old.

For universal rejections, See [Section I](#)

Methodology: Antiglobulin test

Add. Information: Interpretation: Negative- antibody not detected; Equivocal or positive specimen is sent to reference lab for confirmation, ID and titer if necessary.

CPT Code: 86885

ANTICONVULSANT DRUG MONITORING

This test is only performed for DHEC clinics

Synonyms: Therapeutic drug Monitoring, Antiepileptic drugs

Test Laboratory: Clinical, Toxicology unit 803-896-0890

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test # [810](#)

Special Instructions: Testing available for 4 drugs: Phenytoin, phenobarbital, Carbamazepine, and Valproic acid. Order tests individually.

Specimen & Volume: 3 ml serum; See [Venipuncture Procedure, Section III](#)

Container: Sterile red top vacuum tube (Do not send SST tubes for Phenytoin(Dilantin))

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Enzyme Immunoassay (EIA)

Add. Information: NA

CPT Code: Phenytoin 80185; Phenobarb 80184; Carbamazepine 80156; Valproic acid 80164

ARBOVIRUS SEROLOGY

Synonyms: Test includes EEE, WEE, SLE, CAL and WNV (West Nile virus)

Test Laboratory: Virology/ Rabies, 803-896-0819

Days Test Performed: Weekly

Request Form: DHEC 1332, Test # [117](#)

Special Instructions: Paired specimens are NOT required. See [Venipuncture Procedure, Section III](#)

Specimen & Volume: 5 ml blood or 2 ml serum

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: IFA for Arboviruses, EIA for West Nile virus

Add. Information: Titer of < 1:16 is considered negative for arboviruses, <1:400 considered negative for WNV.

CPT Codes: EEE 86652; WEE 86654; SLE 86653; CEE 86651; WNV 86790

ARBOVIRUS DETECTION BY PCR

Synonyms: Arbovirus PCR. Test includes EEE, WEE, SLE, LAC, WNV, and Bunyavirus

Test Laboratory: Molecular Microbiology, 803-896-0825

Days Test Performed: Weekly

Request Form: DHEC 1335, Test #113

Special Instructions: For testing to be initiated the following information MUST be provided: date of onset, date specimen collected, and any pertinent travel history or exposure. Specimen must be collected within 10 days following onset of symptoms.

Specimen & Volume: 1 ml CSF minimum

Container: Screw capped CSF collection tube

Storage/Shipping Temperature: Store in refrigerator. Ship on cold packs and if shipping is delayed > 48 hours, freeze at -20 °C and ship on dry ice.

Shipping Description: Infectious substance. See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Real time reverse transcriptase polymerase chain reaction (RT-PCR) is used to detect West Nile virus (WNV), Eastern Equine encephalitis (EEE), St. Louis encephalitis (SLE), and La Crosse. Bunyavirus is tested using standard RT-PCR.

Add. Information: This test is used to detect the presence of Arboviral RNA in clinical CSF specimens. RT-PCR results are positive or negative for the presence of the Arbovirus.

CPTCode: Extraction 83890; Gel electrophoresis 83894; Amplification 83898; Reverse transcriptase 83902

BACTERIAL ISOLATE, REFERRED FOR IDENTIFICATION

Synonyms: Aerobe for identification; culture for identification; Salmonella; Shigella; E. coli; Campylobacter; Neisseria; Haemophilus; Streptococcus, Staphylococcus, etc

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday – Friday

Request Form: 1335, Test #511

Special Instructions: Consultation required for non-enteric gram negative bacilli, and gram positive cocci and gram positive bacilli that are not reportable organisms or select agents.

Specimen & Volume: Pure aerobic bacterial isolate on an agar slant. Plates may be appropriate in some circumstances. Please consult with the laboratory prior to sending isolates on plated media.

Container: Screw-cap tube containing agar slant that will support growth of isolate

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Culture nonviable; culture mixed. For universal rejections, See [Section I](#)

Methodology: Conventional bio-chemicals

Add. Information: NA

CPT Code: 87077

BARBITURATE SCREEN, URINE - See "Drugs of Abuse Screen"

BENZOYLECGONINE - See "Cocaine Screen"

BETA-HEMOLYTIC STREPTOCOCCUS, GROUP B CULTURE

Synonyms: Group B Strep culture, Strep vaginal culture, *Streptococcus agalactiae* culture

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #510

Special Instructions: Do not collect specimens on Fridays or weekends due to delayed transport.
See [Culture Collection Procedure, Section III](#)

Specimen & Volume: One (1) Swab

Container: Culturette

Storage/Shipping Temperature: Store and ship at room temp; ship as quickly as possible.

Shipping Description: See [Packing and Shipping Instruction, Section IV](#)

Rejection Criteria, specific: Ampule in swab not crushed, swab contaminated with feces, specimen in transit more than 3 days. For universal rejections, See [Section I](#)

Methodology: Conventional selective broth culture method

Add. Information: NA

CPT Code: 87070

BLOOD LEAD -See "Lead, Blood"

BLOOD PARASITE EXAMINATION - See "Malaria Smear"

BORDETELLA PERTUSSIS CULTURE

Synonyms: Pertussis, Whooping cough; B. pertussis culture

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #510

Special Instructions: Requires prior approval from Microbiology Division Director, 803-896-0870. See [Collection Procedure for PCR and Culture, Section III](#)

Regan-Lowe medium must be warned to room temperature prior to inoculation.

Immerse swab into medium immediately after collection. Use swab with Dacron tip. DO NOT USE cotton or calcium alginate swab.

Specimen & Volume: Nasopharyngeal swab preferred; Throat swab acceptable.

Container: Regan-Lowe transport tube (Available upon request from BOL Media Section)

Storage/Shipping Temperature: Store and ship at room temperature. **Ship alone. Do not ship with other specimen types.** If shipping is delayed, specimen may be incubated aerobically at 35°C for up to 48 hours prior to shipping.

Shipping Description: See [Packing and Shipping Instruction, Section IV](#)

Rejection Criteria, specific: Regan-Lowe media not used, media expired, or cotton swab used. For universal rejections, See [Section I](#)

BORDETELLA PERTUSSIS CULTURE (Continued)

Methodology: Conventional culture methods

Add. Information: NA

CPT Code: Culture 87070; Identification 87077

BORDETELLA PERTUSSIS DNA BY PCR

Synonyms: Pertussis, Whooping cough

Test Laboratory: Molecular Microbiology, 803-896-0825

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #115

Special Instructions: Requires prior approval from Microbiology Division Director, 803-896-0870. Use swab with Dacron tip only. DO NOT USE rayon, cotton or calcium alginate swab.

Specimen & Volume: Two (2) nasopharyngeal swabs (one swab for the right nare and one swab for the left nare). See [Collection Procedure for PCR and Culture, Section III](#)

Container: Sterile 50 ml. polypropylene conical tube or tube provided in collection kit

Storage/Shipping Temperature: Store in refrigerator; ship cold with cold packs.

Specimen must be shipped within 48 hours.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Rayon, cotton, or calcium alginate swab used; Specimen not cold on arrival; specimen too old. For universal rejections, See [Section I](#)

Methodology: Real-time PCR

Add. Information: This test is used to detect the presence of *B. pertussis* nucleic acid (DNA)

CPT Code: Extraction 83890; Amplification 83898

BOTULISM

Prompt diagnosis and early treatment of botulism are essential to minimize the otherwise great risk of death. State Health Departments and the Center for Disease Control and Prevention (CDC) offer 24-hour diagnostic consultation, epidemic investigation assistance, and laboratory services. Trivalent (ABE) Botulinal Antitoxin is available from the CDC. In order to receive these services, it is necessary to do the following:

1. Contact the DHEC/Bureau of Epidemiology, Disease Control and Surveillance consultant at **(803) 898-0861** (M-F during business hours) or digital pager **(803) 690-3756** (after hours).
2. If appropriate, call the CDC Emergency 24 hour number **(770-488-7100)** to make arrangements for immediate shipment of the antitoxin, when indicated, and for proper shipment of selected clinical specimens and/or food samples for testing.
3. Contact the DHEC Division of Microbiology **(803-896-0870)** to obtain faxed copy of CDC request form and State Laboratory number.

CAMPYLOBACTER - See "Stool Culture for Enteric Pathogens"

CBC

Synonyms: Complete Blood Count with Differential

Test Laboratory: Clinical, Hematology Unit – 803-896-0890

Days Test Performed: Monday – Friday

Request Form: DHEC 1332, Test# 760

Special Instructions: Specimen must be less than 24 hours old when tested by laboratory.

Specimen Volume: 3 ml EDTA anticoagulated whole blood (dependent upon whether cells are badly distorted by excess anticoagulant) Mix well by gentle inversion.

Container: Lavender top (EDTA) vacuum tube. See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature. **Do not refrigerate.**

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimens more than 24 hours old upon arrival, specimen clotted, and specimen received cold or frozen. For universal rejections, See [Section I](#)

Methodology: Automated Cell Counter

Add. Information: NA

CPT Code: 85025

CD4 - See "Lymphocyte Subset"

CELLOPHANE TAPE PREP - See "Pinworm Exam"

CHAGAS DISEASE - See "Parasite Serology"

CHLAMYDIA (CT) DETECTION BY NUCLEIC ACID AMPLIFICATION

Synonyms: Gen-Probe, *C. trachomatis* Amplified Nucleic Acid Probe, Chlamydia rRNA, CT Aptima

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test 506 – CT only, Test 507 – GC and GC.

Special Instructions: Only use Gen-Probe Aptima specimen collection kit (unisex swab, vaginal swab, or urine). Patients under the age of twelve should be tested by culture.

Specimen & Volume: Swab specimen: Endocervical and/or male urethral Gen-Probe blue-shafted swab in Gen-Probe Aptima Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral Swab Specimens (Blue Label). Vaginal specimens: Use the Gen-Probe Aptima Vaginal Swab Specimen Collection kit (Orange label) for collecting vaginal samples. Vaginal samples collected in the Aptima Unisex Swab Collection kit will be disclaimed as not FDA approved for this type of specimen. Urine specimen: Patient should not have voided within one hour of collection. Collect first 20-30 ml of the first-catch urine stream into collection cup. Transfer 2 ml of urine into Aptima Urine Specimen Transport tube so that the urine level falls within the two lines on the transport tube labeled: "fill area". (Yellow Label). See [GC/Chlamydia Gen-Probe Collection Procedure, Section III](#)

Container: Gen-Probe Aptima Unisex Swab Specimen Transport kit for endocervical and male urethral swabs; Gen-Probe Aptima Urine Specimen Transport kit for urines; Gen-Probe Aptima Vaginal Swab Specimen Collection kit for vaginal swabs

CHLAMYDIA (CT) DETECTION BY NUCLEIC ACID AMPLIFICATION (Continued)

Storage/Shipping Temperature: Store and ship at room temperature. Swab specimens must be tested within 60 days of collection. Urine specimens within 30 days of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen from non-genital site (other than urine); no swab in transport media; white swab in transport media; two swabs in transport media; urine above or below designated black lines on transport tube labeled fill area; swab specimen more than 60 days old, or urine specimen more than 30 days old. For universal rejections, [See Section 1](#)

Methodology: Target amplification Nucleic acid Probe

Add. Information: This test is not appropriate in cases of sexual assault or abuse; patients under the age of twelve should be tested by culture

CPT Code: CT 87491; GC/CT 87491, 87591

CLINICAL CHEMISTRY

Panels available to DHEC clinics only

CHEMISTRY GENERAL PANEL I	CHEMISTRY GENERAL PANEL II	CHEMISTRY GENERAL PANEL III	CPT CODE
CPT CODE: Use individual analyte codes shown in last column			
Glucose	Glucose	Glucose	82947
Uric Acid	Uric Acid	Uric Acid	84550
Cholesterol, total	Cholesterol, total	Cholesterol, total	82465
AST (SGOT)	AST (SGOT)	AST (SGOT)	84450
Total Protein	Total Protein	Total Protein	84155
Albumin	Albumin	Albumin	82040
Globulin*	Globulin*	Globulin*	NA
Total Bilirubin	Total Bilirubin	Total Bilirubin	82247
Calcium	Calcium	Calcium	82310
BUN	BUN	BUN	84520

	CHEMISTRY GENERAL PANEL II (Continued)	CHEMISTRY GENERAL PANEL III (Continued)	CPT CODE (Cont)
Creatinine	Creatinine	Creatinine	82565
	BUN/Creatinine Ratio*	BUN/Creatinine Ratio*	NA
	Alkaline Phosphatase	Alkaline Phosphatase	84075
	Phosphorus	Phosphorus	84100
	LDH	LDH	83615
	ALT (SGPT)	ALT (SGPT)	84460
		Sodium	84295
		Potassium	84132
		Chloride	82435
		Triglycerides	84478
		CK	82550
		GGT	82977

CLINICAL CHEMISTRY (Continued)

LIPID PANEL with GLUCOSE CPT CODE: 80061, 82947	LIVER PANEL CPT CODE: 80076 + 82465 (cholesterol)	TB PANEL	CPT CODE:
Cholesterol, Total	AST (SGOT)	AST (SGOT)	84450
Triglycerides	ALT (SGPT)	ALT (SGPT)	84460
HDL	Alkaline Phosphatase	Total Bilirubin	82247
LDL*	Total Bilirubin	Alkaline	84075
Glucose	Cholesterol	Phosphatase	84550
	Total Protein	Uric Acid	84520
	Albumin	BUN	82565
	Globulin*	Creatinine	82947
	LDH	Glucose	
		Magnesium	83735

*Calculated Values have no CPT codes and cannot be billed

Synonyms: Serum Chemistries

Test Laboratory: Clinical, Chemistry Unit, 803-896-0890

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test # 710- 719 (varies with panel)

Special Instructions: Lipid panel requires fasting specimen

Specimen & Volume: 2-5 ml serum See [Venipuncture Procedure, Section III](#), if needed.

Container: Vacutainer tube or SST

Storage/Shipping Temperature: Store and ship at room temperature except during hot weather; ship on cold pack.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Automated Chemistry analyzer

Add. Information: NA

CPT Code: Must use individual analyte codes. See previous page.

CMV - See "Cytomegalovirus Culture"

COCAINE & MARIJUANA SCREEN, URINE

Synonyms: Benzoylcegonine and Cannabinoid, Drugs of Abuse Screen

Test Laboratory: Clinical, Toxicology Unit, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test #813

Special Instructions: See [Urine Drug Screen Chain-of-Custody Protocol, Section III](#), if needed.

Specimen & Volume: 25 ml Random urine

Container: Plastic urine container

Storage/Shipping Temperature: Store and ship at room temperature; refrigerate if longer than 24 hours before shipping.

COCAINE & MARIJUANA SCREEN, URINE (Continued)

Shipping Description: Considered non-infectious. **DO NOT** put biohazard label on outside of shipping container. See [Packaging and Shipping Instruction](#) under [COC Collection Protocol, Section III](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Enzyme Immunoassay (EIA)

Add. Information: NA

CPT Code: 80101 each drug

COMPLETE BLOOD COUNT- See "CBC"

CONGENITAL ADRENAL HYPERPLASIA - See "Newborn Screening"

CORYNEBACTERIUM DIPHTHERIAE, CULTURE & ID

Synonyms: *C. diphtheriae*

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #510 (clinical material or swab) or Test #511 (referred isolate)

Special Instructions: Notify Clinical Microbiology lab prior to submission. Specimens must be received within 24 hours of collection or placed on Loeffler's medium (incubate 24 hours prior to shipment) which is available on request.

Specimen & Volume: Throat swab, NP swab, skin; referred isolate; clinical material submitted on Loeffler's slant.

Container: Submit swab in transport tube (culturette), submit referred isolate on agar slant in screw capped tube. See [Bacterial Culture Collection, Section III](#)

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen must be received within 24 hours of collection unless submitted on Loeffler's medium. Transport swab not used or ampule in transport swab not crushed. For universal rejections, See [Section I](#)

Methodology: Conventional culture methods

Add. Information: Detection of *Corynebacterium diphtheriae*

CPT Code: Culture 87070; Identification 87077

COXSACKIE VIRUS A & B CULTURE - See "Enterovirus Culture"

CRYPTOSPORIDIUM STAIN

Synonyms: NA

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #406

Special Instructions: None

Specimen & Volume: Walnut sized portion fresh stool or 3 ml of liquid stool, formalin preserved stool, duodenal fluid, bile, or concentrated stool sediment

CRYPTOSPORIDIUM STAIN (Continued)

Container: Leakproof tube or container

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen preserved in PVA; improper labeling. For universal rejections, See [Section I](#)

Methodology: Microscopic exam of acid fast stained smear; FA stain

Add. Information: To detect the presence of Cryptosporidium oocysts

CPT Code: 87015; 87272

CYCLOSPORA

Synonyms: *C. cayetanensis*

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test [#410](#)

Special Instructions: None

Specimen & Volume: Walnut sized portion of fresh stool, 3 ml liquid stool, formalin preserved stool, concentrated stool sediment

Container: Screw-capped tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen preserved in PVA. For universal rejections, See [Section I](#)

Methodology: Microscopic exam of acid-fast stained smears

Add. Information: To detect the presence of cyclospora

CPT Code: Concentration 87015 ; Stain 87206

CYSTICERCOSIS - See "Parasite Serology"

CYTOLOGY, PAPS SMEAR - See "PAP Test, Liquid-Based Monolayer"

CYTOMEGALOVIRUS CULTURE

Synonyms: CMV

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test [#273](#)

Special Instructions: Refrigerate immediately upon collection.

Specimen & Volume: Urine (preferred specimen); tissue; Buffy coat (submit 2 EDTA tubes); bronchial washing; CSF

Container: Plastic urine container

CYTOMEGALOVIRUS CULTURE (Continued)

Storage/Shipping Temperature: Ship cold within 24 - 48 hours. DO NOT FREEZE.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen not cold on arrival; specimen frozen; specimen too old.
For universal rejections, See [Section I](#)

Methodology: Cell culture

Add. Information: Preliminary report on urine (shell vial culture) reported within 48 hours. No preliminary report on tissue, sputum, feces or CSF

CPT Code: Culture 87252; Identification 87253

DAIRY PRODUCTS EXAMINATIONS

The Milk and Dairy Laboratory, South Carolina's regulatory laboratory, is responsible for ensuring the safety and quality of the milk and milk products produced in the state of South Carolina. This is accomplished by adhering to the rules, regulations and guidelines adopted by the National Conference on Interstate Milk Shipment (A Cooperative agreement between FDA, State and Industry). These rules and regulations for governing milk and milk products in South Carolina are outlined in "South Carolina's Pasteurized Milk and Milk Products Regulation" (Regulation 61-34.1) as approved by the General Assembly. The rules and regulations for governing raw milk for human consumption are outlined in Rules and Regulations Governing Milk and Milk Products (Regulation 61-34).

The Milk and Dairy Laboratory performs various microbiological and chemical tests of milk and milk products from dairy farms and dairy plants throughout the state. The methods and procedures used for most of the testing are those required FDA standardized methods that can only be performed by FDA certified analysts. Tests performed are standard plate count, coliform, drug residue, somatic cell count, check for pasteurization and added water, butterfat and solid nonfat determinations. The laboratory also tests bulk milk tanker samples and the milk of independent producer facilities within the state for aflatoxin twice a year.

All Milk and dairy samples for routine testing are collected and submitted by the staff of South Carolina Department of Health and Environmental Control (SCDHEC) Dairy Food and Soft Drinks/Bottled Water Protection Program, who is certified in sample collection.

All milk and dairy samples from an alleged foodborne outbreak are tested by the SCDHEC Food Laboratory. To submit a sample for testing from an alleged foodborne outbreak, the complainant should contact the Environmental Health Section of their local County Health Department.

DIPHTHERIA - See "*Corynebacterium diphtheriae*"

DRUGS OF ABUSE SCREEN, URINE

Synonyms: NA; Screen includes Amphetamine, Barbiturate, Cannabinoid, Opiate, Cocaine, Benzodiazepine, Propoxyphene, Methadone, Methaqualone, Phencyclidine and Alcohol

Test Laboratory: Clinical, Toxicology unit, 803-896-0890

Days Test Performed: Monday – Friday

Request Form: DHEC 1332, Test #811

Special Instructions: See [Chain-of-Custody \(COC\) Protocol, Section III](#), if needed.

Specimen & Volume: 30 ml. random urine

Container: Plastic urine container

DRUGS OF ABUSE SCREEN, URINE (Continued)

Storage/Shipping Temperature: Store and ship at room temperature. Refrigerate if longer than 24 hours before shipping.

Shipping Description: Does not require hazard marking. DO NOT use biohazard sticker on outside of shipping container. See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Break in Chain -of -custody if COC specimen. For universal rejections, See [Section I](#)

Methodology: Enzyme Immunoassay

Add. Information: NA

CPT Code: 80101(X 12 classes) Confirmations will be sent to LabCorp.

EASTERN EQUINE ENCEPHALITIS - See "Arbovirus Serology"

ECHO - See "Enterovirus Culture"

E. COLI O157 - See "Enteric Pathogens Culture"

ENCHINOCOCCOSIS - See "Parasite Serology"

ENTERIC PATHOGENS CULTURE

Synonyms: Fecal culture, stool culture, Enteric culture, Salmonella culture, Shigella culture, Campylobacter culture, Vibrio culture

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #508

Special Instructions: Notify Clinical Microbiology prior to submission of specimens for culture of Vibrio species. See [Enteric Collection Procedure, Section III](#)

Specimen & Volume: Walnut sized portion of feces or 5-10 ml of liquid stool
Infant specimens may be collected in a disposable diaper with plastic side facing inside.

Container: Transport tube in Enteric Kit with Cary-Blair medium

Storage/Shipping Temperature: Stools not in medium must be shipped with cold packs to arrive in the laboratory and be inoculated within 24 hours of collection. If specimen is in transport medium, store and ship under refrigeration to be received at the lab within 48 hours of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Quantity insufficient; specimen too old; improper transport media or conditions. For universal rejections, See [Section I](#)

Methodology: Conventional culture methods and biochemicals; Serological tests for *Shigella*, *E. coli* 0157:H7, *V.cholera* and *Salmonella* including Salmonella serotyping

Add. Information: NA

CPT Code: Salmonella and Shigella Culture 87045; all others 87046; ID 87077

ENTEROBIUS VERMICULARIS - See "Pinworm Exam"

ENTEROVIRUS CULTURE

Synonyms: Includes - ECHO, Coxsackie, Polio

Test Laboratory: Virology/Rabies, 803-896-0819

ENTEROVIRUS CULTURE (Continued)

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #270

Special Instructions: See [Virus Culture Collection Procedures, Section III](#)

Specimen & Volume: Throat swab, rectal swab, N-P swab, feces, CSF

Container: Dry tube for feces, CSF collection tube, or tube of viral transport media for swab

Storage/Shipping Temperature: Store in refrigerator and ship cold with cold packs within 24-48 hours. If shipping is delayed, freeze specimen and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen not cold on arrival; specimen too old. For universal rejections, See [Section I](#)

Methodology: Cell culture

Add. Information: NA

CPT Code: Culture 87252; Identification 87253

ENVIRONMENTAL LEAD- See "Lead, Environmental"

FILARIASIS - See "Parasite Serology"

FOODBORNE ILLNESSES (FOOD POISONING)

The Food Laboratory assists in the epidemiological investigation of suspected foodborne illness. A physician with a patient suspected of having a foodborne illness should contact Food Protection in the county health department. The laboratory does not accept samples from individuals.

GALACTOSEMIA - See "Newborn Screening"

GC CULTURE - See "Gonococcal Culture"

GEN-PROBE ANTIGEN DETECTION - See "GC and Chlamydia antigen detection"

GERMAN MEASLES - See "Rubella"

GIARDIA - See "Trichrome Stain" or "Parasite Examination"; General (O and P)

GIEMSA STAIN - See "Malaria Smear"

GONOCOCCAL (GC) DETECTION NUCLEIC ACID AMPLIFICATION

Synonyms: Gen-Probe *N. gonorrhoeae* Amplified Nucleic Acid Probe, Gonorrhea rRNA, GC Aptima

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test #505-GC only; Test #507 - GC and Chlamydia

Special Instructions: Only use Gen-Probe Aptima specimen collection kit materials (unisex swab, vaginal, or urine). Patients under the age of twelve should be tested by culture.

Specimen & Volume: Swab specimen: Endocervical or male urethral Gen-Probe blue-shafted swab in Gen-Probe Aptima Unisex Swab Specimen Collection Kit for Endocervical and Male Urethral

GONOCOCCAL (GC) DETECTION NUCLEIC ACID AMPLIFICATION (Continued)

Swab specimens (Blue label). Vaginal samples: Use the Gen-Probe Aptima Vaginal Swab Specimen Collection Kit (Orange label) for collecting vaginal samples. Vaginal samples collected in the Aptima Unisex Swab Collection Kit will be disclaimed as not FDA approved for this type of specimen. Urine samples: Patient should not have voided within one hour of collection. Collect first 20-30 ml of the first-catch urine stream into collection cup. Transfer 2 ml of urine into Aptima Urine Specimen Transport tube so that the urine level falls within the two lines on the transport tube labeled: "fill area". (Yellow Label). See [GC/Chlamydia Gen-probe Collection Procedure, Section III](#)

Container: Gen-Probe Aptima Unisex transport kit for endocervical and male urethral swabs. Gen-Probe Aptima Urine specimen transport tubes for urine samples. Gen-Probe Aptima Vaginal Swab Specimen Collection kit for vaginal samples

Storage/Shipping Temperature: Store and ship at room temperature. Swab specimens must be tested within 60 days of collection. Urine specimens within 30 days of collection

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen from non-genital site (other than urine); No swab in transport media; two swabs in the transport media; white swab in transport media; urine above or below designated black lines on transport tube labeled fill area; swab specimen more than 60 days old; urine specimen more than 30 days old. For universal rejections, See [Section I](#)

Methodology: Target Amplification Nucleic acid Probe

Add. Information: This test is not appropriate in cases of sexual assault or abuse. Patients under the age of 12 should be tested by culture.

CPT Code: GC 87591; GC/CT 87491, 87591

GONOCOCCAL (GONORRHEA) CULTURE

Restricted to County Health Departments only

Synonyms: GC culture, *Neisseria gonorrhoeae* culture

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #501

Special Instructions: Bring transgrow bottle to room temperature before inoculating: hold bottle upright and roll swab over entire surface of medium; discard swab.

Specimen & Volume: See [N. gonorrhoeae Collection Procedure, Section III](#)

Container: Transgrow bottles DO NOT PLACE LABEL ON CLEAR SIDE OF BOTTLE

Storage/Shipping Temperature: If an incubator is available, incubate inoculated transgrow bottle upright at 35° C until shipped, and indicate incubation time on request form. Specimens collected on Friday can be incubated until Monday, but remove first thing Monday morning to prevent overgrowth of contaminants. If an incubator is not available, make sure culture is shipped on the same day as collected. Health departments using the state courier may ship cultures on Friday. DO NOT REFRIGERATE AFTER INOCULATION. Do not use expired media.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Transgrow media not used or media expired; specimen in transit more than 5 days. For universal rejections, See [Section I](#)

Methodology: Carbohydrate fermentation or enzyme detection

Add. Information: NA

CPT Code: Culture 87070; Identification 87077

GROUP B STREPTOCOCCUS -See “Beta-Strep culture, Group B”

HANTAVIRUS SEROLOGY- IgG/IgM

Synonyms: NA

Test Section: Virology, 803-896-0819

Days Test Performed: As needed

Request Form: DHEC 1332, Test #107

Special Instructions: Call prior to sending specimen. DO NOT remove serum from clot.

Specimen & Volume: 5 ml whole blood See [Venipuncture Procedure, Section III](#), if needed.

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: NA

CPT Code: 86790

HEAVY METAL ANALYSIS - See “Lead Analysis”...for others, call laboratory (803) 896-0886

HEMOGLOBIN (Hb) ELECTROPHORESIS

Synonyms: Sickle Cell screen; Included in newborn screening panel

Test Laboratory: Newborn Screening, 803-896-0874

Days Test Performed: Monday - Friday

Request Form: DHEC 1327 (Newborn); DHEC 1339 (Adult)

Special Instructions: See [Heel-stick Specimen Collection Procedure, Section III](#)

Specimen & Volume: Blood spots on filter paper or EDTA anticoagulated whole blood, 2 ml

Container: Filter paper or lavender top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: More than one month old; transfused; blood spots not properly collected. For universal rejections, See [Section I](#)

Methodology: Iso Electric Focusing (IEF); High Performance Liquid Chromatography (HPLC)

Add. Information: NA

CPT Code: 83020

HEMATOLOGY- See “CBC”

HEMOLYTIC ANEMIA - See "Hemoglobin Electrophoresis"

HEPATITIS A SEROLOGY

Synonyms: HAVab Total; Anti-HAV; Antibody to Hepatitis A Virus and HAV IgM; HAVab, IgM; Anti-HAV, IgM; Antibody to Hepatitis A Virus, IgM

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Upon request; See Special Instructions.

Request Form: DHEC 1332, Test #019- IgG Hepatitis A, Total; Test #020- IgM Hepatitis A, IgM

Special Instructions: HAV total antibody testing will be performed on all patients received for screening, with follow-up on all positive patients with Hepatitis A IgM. If patients suspected of having Hepatitis A and is not involved in an outbreak, request Hepatitis A IgM and total antibody. All Hepatitis A outbreak investigations should be reported to the laboratory supervisor (803-896-0890) or Division Director (803-896-0964) prior to shipment of specimens.

Specimen & Volume: 0.5 ml whole blood or 0.25 ml serum See [Venipuncture Collection Procedure, Section III](#), if needed.

Container: Red top vacuum tube or serum-separator tube

Storage/Shipping Temperature: Store and ship at room temperature. Specimen must arrive at lab within 7 days of collection. If shipping is delayed more than 7 days after collection, refrigerate serum at 2-8° C and ship on ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Improperly stored/shipped or contaminated specimens.

For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: A positive HAV IgG antibody result indicates a past or current HAV infection. A positive HAV IgM antibody indicates an acute HAV infection, one that is usually accompanied by clinical symptoms of acute hepatitis. The clinical symptoms of HAV may precede the laboratory detection of HAV IgM by a few days.

CPT Code: Total 86708; IgM 86709

HEPATITIS B CORE TOTAL ANTIBODY SCREEN

Synonyms: Anti-HBc; Core Antibody; HBcAb, Total; Antibody to Hepatitis B Core Antigen

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test #226

Special Instructions: See [Venipuncture Procedure, Section III](#), if needed.

Specimen & Volume: 1 ml whole clotted blood, 0.5 ml serum or plasma

Specimen must arrive at lab within 5 days of collection. If shipping is delayed more than 5 days after collection, freeze serum at – 20° C and ship on dry ice.

Container: Red top vacuum tube or serum-separator tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Improperly stored/shipped specimens, grossly hemolyzed and contaminated specimens. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: NA

CPT Code: 86704

HEPATITIS B DIAGNOSTIC PROFILE

Synonyms: NA

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test #223

Special Instructions: See [Venipuncture Procedure, Section III](#), if needed.

Specimen & Volume: 2-5 ml whole clotted blood, or 2 ml serum or plasma.

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature. Specimen must arrive at lab within 5 days of collection. If shipping is delayed more than 5 days after collection, freeze serum at – 20° C and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Improperly stored/shipped or contaminated specimens.

For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: Includes tests for HBsAg, anti-HBs, and anti-HBc, and anti-core IgM are performed if indicated.

Interpretations:

HbsAg	anti-HBs	Anti-HBc total antibody	Interpretation
-	-	-	No laboratory evidence of HBV infection. Does not rule-out “low level” HBV carrier state, or the “window” between the disappearance of HBsAg and the appearance of anti-HBs and anti-HBc IgG.
+	-	-	Early acute HBV infection.
+	±	+	HBV infection, either acute or chronic. Differentiate with anti-HBc IgM.
-	+	+	Previous HBV infection and immunity to HBV.
-	+	-	Vaccine-type response indicating immunity to HBV.

CPT Code: Surface Antigen 87340; Surface Antibody 86706; Core Antibody 86704

HEPATITIS B CORE IgM ANTIBODY

Test automatically performed on patients with reactive anti-HBc total antibody in absence of reactive HBsAg or anti-HBs on Diagnostic Profile (test #223) and test automatically performed on patients with reactive Hepatitis B surface antigen on Diagnostic Test Panel #223

Synonyms: Anti-HBc, IgM; HBcAb,IgM; Antibody to Hepatitis B Core Antigen, IgM

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Available upon request. See special instructions below.

Request Form: DHEC 1332, Test #220

Special Instructions: Consultation between the requesting physician or district Medical Director and the laboratory supervisor or Division Director is required prior to specimen testing.

Specimen & Volume: 0.5 ml whole clotted blood or 0.25 ml serum or plasma

HEPATITIS B CORE IgM ANTIBODY (Continued)

Container: Red top vacuum tube preferred See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature. Specimen must arrive at lab within 5 days of collection. If shipping is delayed more than 5 days after collection, freeze serum at –20° C and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen will not be tested without prior consultation; Improperly stored/shipped or contaminated specimens. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: A positive Anti-HBc IgM result in conjunction with a positive hepatitis B surface antigen result indicates an early acute HBV infection

CPT Code: 86705

HEPATITIS B IMMUNE STATUS/POST-IMMUNIZATION

Synonyms: Anti-HBs and Anti-HBc

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test [#222](#)

Special Instructions: Tests includes Anti-HBs and Anti-HBc

Specimen & Volume: 2 ml Whole clotted blood, 1 ml serum or plasma

Container: Red top vacuum tube See [Venipuncture Procedure, section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature.

Specimen must arrive at lab within 5 days of collection. If shipping is delayed more than 5 days after collection, freeze serum at – 20° C and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Improperly stored/shipped or contaminated specimen. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: NA

CPT Code: Surface antibody 86706; Core antibody 86704

HEPATITIS B SURFACE ANTIGEN

Synonyms: HBsAg; Hepatitis-Associated Antigen

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Monday – Friday

Request Form: DHEC 1332, Test [#225](#)

Special Instructions: None

Specimen & Volume: 2 ml whole clotted blood, or 1 ml serum or plasma

Container: Red top vacuum tube or serum separator tube

Storage/Shipping Temperature: Store and ship at room temperature. Specimen must arrive at lab within 5 days of collection. If shipping is delayed more than 5 days after collection, freeze serum at – 20° C and ship on dry ice.

HEPATITIS B SURFACE ANTIGEN (Continued)

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Improperly stored/shipped or contaminated specimens.

For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: NA

CPT Code: 87340

HEPATITIS C, TOTAL ANTIBODY

Synonyms: Antibody to Hepatitis C Virus; Anti-HCV

Test Laboratory: Clinical, 803-896-0890

Days Test Performed: Monday-Friday.

Request Form: DHEC 1332, Test # 224

Special Instructions: For sites requesting **HCV RNA** if total antibody reactive by EIA, collect blood in a serum separator tube, spin down within 4 hours of collection, and ship cold with cold packs to arrive **within 24 hours** of collection. Label outside of box HCV Viral Load with indelible marker or sticker that cannot easily be removed.

Specimen & Volume: 0.5 ml whole clotted blood, or 0.250 ml serum or plasma

Container: Serum separator tube or red top vacuum tube See [Blood Collection Procedure for HCV, Section III](#)

Storage/Shipping Temperature: Store and ship at room temperature unless HCV RNA requested. Specimen must arrive at lab within 5 days of collection. If shipping is delayed, freeze serum at – 20° C and ship on dry ice. See Special Instructions for collection and shipping of HCV RNA samples above. Sample must be shipped according to “Special Instructions”.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen > 5 days old when received (special request specimens); specimen not cold on arrival (project sites); specimen >24 hrs old when received (project sites); serum separator not used (project sites). For universal rejections, See [Section I](#)

Methodology: NA

Add. Information: Interpretation: A positive HCV total antibody result indicates a past or current HCV infection; all positive HCV results are repeated in duplicate and the results held until the HCV RIBA confirmation assay is performed; The HCV RIBA is performed once a week, usually on Monday.

CPT Code: 86803

HEPATITIS C, QUALITATION, RIBA (STRIP IMMUNOBLOT ASSAY)

Synonyms: RIBA HCV; Recombinant Immunoblot Assay

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Once a week, usually on Monday

Request form: DHEC 1332, Test # 224

Special Instructions: Serum Separator tube preferred

Specimen & Volume: One (1) ml serum or plasma See [Collection Procedure for HCV, Section III](#)

Container: Serum separator tube or red top vacuum tube

HEPATITIS C, QUALITATION, RIBA (STRIP IMMUNOBLOT ASSAY)

(Continued)

Storage/Shipping Temperature: Store in refrigerator. Ship cold with cold packs; Specimen must arrive at lab within 24 hours of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Not received within 24 hours or not cold on arrival. For universal rejections, See [Section I](#)

Methodology: Strip Immunoblot Assay

Add. Information: Interpretation: A positive test result indicates the presence of anti-HCV and past or present HCV infection. An indeterminate test result indicates that anti-HCV may or may not be present and the patient should be retested in 6-12 months. A negative result that was positive by a licensed EIA screening procedure does not exclude the possibility of infection with HCV. Levels of anti-HCV may be undetectable in early infection. The patient should be retested in 6-12 months if he/she is at high risk for hepatitis infection.

CPT Code: 86804

HEPATITIS C, QUANTITATION BY PCR (RNA)

Synonyms: HCV Viral Load test

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Within 10 working days of collection

Request form: DHEC 1332, Test # 227

Special Instructions: Specimen must be centrifuged within 4 hours of collection

Specimen & Volume: 2 ml serum; use serum separator tube and collect a full 6 ml of blood.

See [Blood Collection Procedure for HCV, Section III](#)

Container: Serum separator tube

Storage/Shipping Temperature: Transport on cold packs in a container with return mailing address and the word **HCV** printed on the outside of the container; use enough cold packs to maintain a temperature between 2°-8 °C during transport. Specimen must arrive at the laboratory **within 24 hours** of collection.

Shipping Description: Infectious substance See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Serum separator tube not used, not cold on arrival. For universal rejections, See [Section I](#)

Methodology: Branched DNA (bDNA) Signal amplification nucleic acid probe assay

Add. Information: Used for therapeutic monitoring of HCV infection

Interpretation: The measurable range for the procedure is 3200 -40,000,000 copies/ml or (615-8,320,000 IU/ML). Specimens within this testing range will be reported as HCV RNA copies/ml = _____, or _____ IU/ML. Specimens less than 3200 copies/ml (615 IU/ML) will be reported as NO HCV RNA detected, less than 3200 copies/ml (less than 615 IU/ML) Specimens above this range will be reported as HCV RNA is greater than 40,000,000 copies/ml (greater than 8,320,000 IU/ML).

CPT Code: 87522

HERPES SIMPLEX CULTURE

Synonyms: Herpes Virus Culture

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday - Friday

HERPES SIMPLEX CULTURE (Continued)

Request Form: DHEC 1335, Test #250

Special Instructions: DO NOT freeze specimen at -20 °C. See [Viral Culture Collection for H. simplex, Section III](#)

Specimen & Volume: Throat swab, NP swab, Cervical/vaginal swabs, Surface lesions or Tissue (small piece of fresh, unfixed); CSF

Container: Viral transport media (available upon request)

Storage/Shipping Temperature: Store in refrigerator and ship cold with cold packs.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Calcium alginate swab used; specimen not cold on arrival. For universal rejections, See [Section I](#)

Methodology: Virus ID by Enzyme linked Virus Inducible System

Add. Information: NA

CPT Code: Screen 87255; Identification 87140

HIV-1 PCR QUALITATIVE (DNA)

Synonyms: HIV-1 Proviral DNA Detection

Test Laboratory: Molecular Microbiology, 803-896-0825

Days Test Performed: Weekly

Request Form: DHEC 1332, Test # 112

Special Instructions: None

Specimen & Volume: Infants < 18 months old: Collect whole blood in an EDTA pediatric tube or a heel stick microtainer with EDTA anticoagulant (BD Brand # 365974), A minimum specimen volume of 0.3 ml is required for testing. **Infants ≥ 18 months old and adults:** Collect 1.5-2.0 ml EDTA anticoagulated whole blood, (lavender/purple top vacuum tube). See [Collection Procedure, Section III](#)

Container: EDTA tube or Heel-stick microtainer with EDTA anticoagulant

Storage/ Shipping Temperature: Store and ship at room temperature. Ship using cold packs during hot summer months. **Do not freeze** the specimen. Specimen must arrive at laboratory with 3 days of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: clotted blood; specimen > than 3 days old when received, specimen frozen on arrival. For universal rejections, See [Section I](#)

Methodology: PCR with EIA detection

Add. Information: If Patient is an infant whose mother is anti-HIV-1 positive, or if Patient is an adult whose anti-HIV-1 tests, i.e., EIA and/or Western Blot, have shown indeterminate or conflicting results; Results are reported either Positive or Ne

CPT Code: 87535

HIV-1 PCR QUANTITATIVE (RNA)

Synonyms: HIV-1 Viral Load test

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Weekly

Request Form: DHEC 1332, Test #231

HIV-1 PCR QUANTITATIVE (RNA) (Continued)

Special Instructions: Label outside of container as HIV (VIRAL LOAD). **Make sure label will not come off.**

Specimen & Volume: 1.5 to 2.0 ml EDTA anticoagulated plasma, See [Venipuncture Procedure, Section III](#), if needed. If using EDTA vacutainer, separate the plasma from the packed cells within 2 hours of collection by centrifugation for 20 minutes at room temperature. Remove the plasma from the cells using a sterile transfer pipette to a sterile polypropylene transport tube. **Note:** Remove as much of the plasma from the cells as possible without aspirating cells **The assay requires 1.0 ml of plasma.** The PPT separator tube can be shipped after centrifugation without transferring plasma to another tube. Invert tube after centrifugation to insure complete separation of cells from plasma. If cells present in plasma, re-centrifuge before shipping.

Container: PPT vacutainer (supplied by the Bureau of Laboratories call 803-896-0913 to order) or polypropylene tube to which plasma cells have been transferred from the Lavender top (EDTA) vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature. **Specimen must arrive at the Laboratory within 24 hours after collection. Do not collect or ship samples on Friday or the day before a holiday.**

Shipping Description: Infectious substance See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Whole clotted blood. For universal rejections, See [Section I](#)

Methodology: Branched DNA (bDNA) Nucleic Acid Hybridization with PCR amplification

Add. Information: Therapeutic monitoring of HIV infection

Interpretation: The measurable reportable range for this procedure is 75-500,000 copies/ml plasma; Specimens testing within this range will be reported as the measured number and (in parentheses) as the log 10 value of the measured copy number e.g. 30,000 copies (4.48log 10) *the log 10 value will be rounded to the nearest second decimal place. A 0.5 log 10 increase or decrease in the copy number when compared to the patient's previous viral load result is regarded as a significant change* Specimens testing above 500,000 will be reported as > 500,000 copies/ ml plasma. Specimens testing below 75 copies/ ml plasma will be reported as "No HIV-1 RNA detected less than 75 copies/ ml plasma".

CPT Code: 87536

HIV-1/HIV-2 SEROLOGY

Synonyms: HIV-1/HIV-2 antibody, HIV-1, HIV-2 antibodies

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Monday - Friday

Request Form: DHEC 1332 (Revised 05/08), Test #230 HIV-1/HIV-2(Screen only), Test #234 HIV-1/HIV-2 and Western Blot, Test # 235 HIV-1/HIV-2 and STS (Reagin)

Special Instructions: None

Specimen & Volume: 1 ml serum or plasma, cadaveric blood

Container: Red top vacuum tube. See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature; refrigerate and ship cold if more than 24 hours. Specimen must arrive at laboratory within 5 days of collection. If shipping is delayed more than 5 days, freeze serum at -20° C and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Enzyme Immunoassay (EIA), Western Blot, and STS Reagin for Syphilis

HIV-1/HIV-2 SEROLOGY (Continued)

Add. Information: Interpretation: Repeat reactive specimens are confirmed by Western Blot; Recommend repeat testing on all first-time positive patient results including CD4 and Viral load (HIV-1 RNA)

CPT Code: EIA 86703; Western Blot 86689; RPR 86592

HIV-1 SEROLOGICAL MONITORING- See "Lymphocyte Subset"

HOOKWORM - See "Parasite Examination"

HYPOTHYROIDISM - See "Thyroid Panel" for non-neonatal; See "Newborn Screening" for neonatal

INFLUENZA VIRUS CULTURE

Synonyms: Included in respiratory culture battery

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday- Friday

Request Form: DHEC 1335, Test #271

Special Instructions: *Collection of a throat washing has been discontinued because of the use of antibiotics in some collection media. Collect swab (do not use alginate swab) and place in transport media; and refrigerate until shipped. Do not allow patient to gargle media.*

Specimen & Volume: Throat or nasopharyngeal swab See [Collection Procedure for Enterovirus or Respiratory Virus, Section III](#)

Container: Screw capped tube of viral transport media (Available upon request); keep media refrigerated until used

Storage/Shipping Temperature: Store in refrigerator and ship with cold packs.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Calcium alginate swab used. For universal rejections, See [Section I](#)

Methodology: Virus isolation; centrifuge enhanced (Shell Vial) technique

Add. Information: Submit on patients with symptoms compatible with influenza. Also see surveillance information on the next page.

CPT Code: Culture 87254; Identification 87253

INFLUENZA VIRUS A AND B SEROLOGY

Synonyms: NA

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Once/week

Request Form: DHEC 1332, Test #101

Special Instructions: Acute and convalescent specimens required, 2 weeks between specimens See [Venipuncture Procedure, Section III](#), if needed

Specimen & Volume: 5 ml Whole clotted blood or 2 ml serum

INFLUENZA VIRUS A AND B SEROLOGY (Continued)

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Hemagglutination Inhibition (HI)

Add. Information: NA

CPT Code: 86710 each titer

INFLUENZA SURVEILLANCE

From October to April of each year, the Bureau of Laboratories participates in the World Health Organization's (WHO) Influenza Surveillance Program. Collection kits are provided and there is no charge if submitting throat swabs for the surveillance. Contact the Virology Lab for more information at 803-896-0819.

LEAD ANALYSIS, BLOOD

Synonyms: NA

Test Laboratory: Analytical Chemistry, 803-896-0886

Days Test Performed: Monday, Wednesday, Friday

Request Form: DHEC 1332, Test [#852](#)

Special Instructions: None

Specimen & Volume: 200 µl EDTA whole blood from finger stick or heel stick for screening; Venipuncture preferred for confirmation of an elevated level; Minimum acceptable volume is 3 ml for venipuncture; 200 µL for finger stick or heel stick See [Blood Lead Collection Procedures, Section III](#)

Container: Lavender vacuum tube, or lavender Microtainer for finger or heel stick

Storage/Shipping Temperature: Store and ship at room temperature. Refrigerate specimen if shipping is delayed.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Clotted blood, insufficient quantity. For universal rejections, See [Section I](#)

Methodology: Graphite Furnace Atomic Absorption Spectrometry

Add. Information: <10µg/dL considered negative for children. Action levels for children and adults printed on results report. Screening levels >10µg/dL require venipuncture confirmation.

CPT Code: 83655

LEAD ANALYSIS, ENVIRONMENTAL SAMPLES

Synonyms: NA

Test Section: Analytical Chemistry, 803-896-0886

Days Test Performed: Monday- Thursday

Request Form: DHEC 1332, Test [#854](#)

Special Instructions: None

Specimen & Volume: 1 Tablespoon Paint chips, 2 Tablespoons soil, or 100 ml water

Container: Zip-lock bag for paint and soil. Plastic container for water

LEAD ANALYSIS, ENVIRONMENTAL SAMPLES (Continued)

Storage & Shipping Temperature: Store and ship at room temperature

Shipping Description: Environmental sample; Does not require special packaging

Rejection Criteria, specific: NA

Methodology: Flame Atomic Absorption Spectrometry

Add. Information: Contact DHEC Env. Health 896-0655 for interpretation of results

CPT Code: NA

LEGIONELLA CULTURE

Synonyms: Legionnaire's disease; Legionella culture

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday – Friday

Request Form: DHEC 1335, Test #510

Special Instructions: Note: urine antigen test is not available at the Bureau of Laboratories

Specimen & Volume: 1-2 ml Sputum, Bronchial washing, pleural fluid, or other body fluids; lung tissue; bacterial isolate

Container: Sterile leak-proof container

Storage/Shipping Temperature: Store in refrigerator and ship cold with cold packs. Specimen must arrive at laboratory within 48 hours of collection. If shipping is delayed for more than 48 hours, freeze at -20 C and ship on dry ice.

Shipping Description: Isolate is considered Infectious substance See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen not cold on arrival. For universal rejections, See [Section I](#)

Methodology: Conventional culture and biochemical methods

Add. Information: NA

CPT Code: Culture 87070 ; Identification 87077

LEGIONELLA FA

Synonyms : NA

Test Laboratory : Clinical Microbiology, 803-896-0805

Days Test Performed : Monday - Thursday

Request Form: DHEC 1335, Test #513

Special Instructions: FA test is screening only; culture is recommended; test #510 will be performed on all specimens for FA that are appropriate for culture.

Specimen & Volume: Fresh lung tissue imprints; scrapings of formalin fixed tissue or lower respiratory tract fluids/sputum; TTA; bronchial washings; pleural fluid; smears on slides(submit at least 2 separate slides), or culture isolate.

Container: Sterile, leak-proof container; crush-proof slide holder; or screw-cap tube containing agar medium that will support growth of isolate.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

LEGIONELLA FA (Continued)

Methodology: FA Stain

Add. Information: NA

CPT Code: 87206

LEGIONELLA SEROLOGY

Synonyms: NA

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Weekly

Request Form: DHEC 1332, Test #023

Special Instructions: Paired specimen required and should be taken 3-4 weeks apart

Specimen & Volume: 5 ml whole clotted blood or 2 ml serum See [Venipuncture Procedure, Section III](#), if needed

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Only one specimen received. For universal rejections, See [Section I](#)

Methodology: IFA

Add. Information: Interpretation: titer <1:128 is considered negative; a four-fold rise in titer (at least 1:512) from acute to convalescent is considered positive

CPT Code: 86713

LEISHMANIASIS - See "Parasite Serology"

LEPTOSPIROSIS CULTURE

Synonyms: NA

Test Laboratory: CDC Leptospira, 404-639-3905

Days Test Performed: Referred to CDC

Request Form: CDC Form

Special Instructions: Blood specimens should be collected during the first week of symptoms. After the first week of symptoms, collect a mid-stream, clean catch urine specimen. Five (5) tubes of PLM media should be requested from CDC prior to sample collection.

Specimen & Volume: 1 ml of heparinized blood or clean catch urine; Collect urine in clean container; Inoculate immediately; put two (2) drops of blood or urine in each tube of medium; Avoid agitation of the blood sample because free hemoglobin kills Leptospira

Container: Screw capped tubes of PLM media

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Blood specimen collected after first week of illness; specimen not inoculated into PLM media prior to transport. For universal rejections, See [Section I](#)

LEPTOSPIROSIS CULTURE (Continued)

Methodology: Conventional culture

Add. Information: Serology test is more sensitive and has a shorter turnaround time.

CPT Code: Blood culture 87040; Urine culture 87088; Identification 87077

LYME DISEASE

Synonyms: Borrelia Antibodies

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Weekly

Request Form: DHEC 1332, Test # 024

Special Instructions: None

Specimen & Volume: 5 ml whole blood or 2 ml serum

Container: Red- top vacutainer See [Venipuncture Procedure, Section III](#), if needed

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: All positive EIA results are confirmed by Western Blot

CPT Code: 86618

LYMPHOCYTE SUBSET

Synonyms: CD4; T4 lymphocytes

Test Laboratory: Clinical, Hematology unit, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test # 780

Special Instructions: Specimen must be less than 24 hours old when tested by laboratory.

Specimen & Volume: 5-7 ml EDTA anticoagulated whole blood mix well but gently

Container: Lavender top (EDTA) vacuum tube See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature. **Do not refrigerate.**

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen more than 24 hours old upon arrival; specimen clotted; Specimen received cold or frozen. For universal rejections, See [Section I](#)

Methodology: Laser Flow cytometry

Add. Information: Used To evaluate HIV status

Reference value: CD4 cells 34-59%, CD4/CD8 ratio 0.9-3.1, results highly variable during progression of disease NOTE: Lymphocyte subset includes CBC results.

CPT Code: CD4/CD8 profile 86360; CBC 85025

MALARIA SMEAR

Synonyms: Giemsa Stain; Blood Parasite

Test Laboratory: Clinical Microbiology, 803-896-0805

MALARIA SMEAR (Continued)

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test # 404

Special Instructions: Notify Clinical Microbiology prior to submission. Prepare 2-3 thick and thin smears immediately after collection.

Specimen & Volume: EDTA anticoagulated whole blood

Container: Slides and EDTA Tube of blood for referral if necessary

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Clotted blood, smears made from EDTA blood > 1 hr old; Blood smears > 3 days old. For universal rejections, See [Section I](#)

Methodology: Microscopic examination of Giemsa stained smear

Add. Information: Used to detect blood parasites such as: malaria, microfilaria

CPT Code: 87207

MCADD (Medium chain Acyl Co-A Dehydrogenase Deficiency) - See “Newborn Screening”

MEASLES SEROLOGY See “Rubeola and Rubella Serology”

MHA-TP - See “TP-PA”

MITES - See “Scabies”

MUMPS VIRUS CULTURE

Synonyms: Also See “Respiratory Viral Culture”

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #270

Special Instructions: None

Specimen & Volume: Urine preferred, Throat swab, CSF See [Throat Swab Collection, Section III](#), if needed.

Container: No transport media needed for urine or CSF. Use sterile leakproof container. Screw capped tube of viral transport media (available upon request) for throat swab.

Storage/Shipping Temperature: Store in refrigerator. Ship with cold packs. If shipping is delayed more than 48 hours, freeze at -70 C and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Use of calcium alginate swab for throat specimen; specimen not cold on arrival. For Universal rejections, See [Section I](#)

Methodology: Cell Culture

Add. Information: NA

CPT Code: Culture 87252; Identification 87253

MUMPS VIRUS SEROLOGY

Synonyms: Parotitis Epidemica Antibodies

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Once/week

Request Form: DHEC 1332, Test #135 Mumps IgG (single specimen) Test #136 Mumps IgM

Special Instructions: None

Specimen & Volume: 2 ml whole clotted blood or 1 ml serum See [Venipuncture procedure, Section III](#), if needed

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: Immune status reported as positive, negative or equivocal

CPT Code: 86735

MURINE TYPHUS SEROLOGY - See "Rickettsial Serology"

MYCOBACTERIAL CULTURE, BLOOD

Synonyms: TB, AFB

Test Laboratory: Mycobacteriology (TB), 803-896-0828

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #601

Special Instructions: Use Bactec 13A Vial (1) Clean septum of 13A vial with 70% alcohol; (2) Use good aseptic technique to cleanse arm; (3) Aseptically draw 4 to 5 ml blood and inject into 13A vial (4) Clean top of vial with 70% alcohol, cover top with tape and mail in mailer provided

Specimen & Volume: 4-5 ml whole Blood See [Venipuncture Procedure, Section III](#), if needed.

Container: Bactec 13A Vial (call Lab for container, 896-0828)

Storage/Shipping Temperature: Store and ship at room temperature. Incubate at 37 ° C if shipping is delayed over 24 hours.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen >5 day old. For universal rejections, See [Section I](#)

Methodology: Bactec 460 system , HPLC, Gen-Probe

Add. Information: NA

CPT Code: Culture 87116; Identification–Gen-Probe 87149; HPLC 87143

MYCOBACTERIAL CULTURE, Other than Blood

Synonyms: AFB, TB

Test Laboratory: Mycobacteriology (TB), 803-896-0828

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #601

Special Instructions: None

MYCOBACTERIAL CULTURE, Other than Blood (Continued)

Specimen & Volume: 5-10 ml sputum, and other body fluids; 10 ml urine or gastric washings, walnut sized portion of feces or 10 ml liquid stool See [Mycobacterium Culture Collection Procedure, Section III](#)

Container: Screw capped 50 ml polypropylene conical tube

Storage/Shipping Temperature: Store and ship sputum at room temperature.

If shipping is delayed more than 24 hours, store in refrigerator. Store Urine in refrigerator and ship cold with cold packs.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen > 5 days old when received (Sputum and Urine). For universal rejections, See [Section I](#)

Methodology: Conventional culture methods, Gen-probe and HPLC for ID

Add. Information: NA

CPT Code: Conc 87015; Culture 87116; Identification- Gen-Probe 87149; HPLC 87143

MYCOBACTERIAL CULTURE, REFERRED FOR IDENTIFICATION

Synonyms: AFB, TB

Test Laboratory: Mycobacteriology (TB), 803-896-0828

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test # 602

Special Instructions: None

Specimen & Volume: Send only pure culture with sufficient growth to perform test

Container: LJ slant preferred

Storage/Shipping Temperature: Store and ship at room temperature

Shipping Description: Infectious substance See [Packing and Shipping Instructions, Section](#)

Rejection Criteria, specific: Contaminated culture, non-viable organism. For universal rejections, [See Section I](#)

Methodology: HPLC, Gen-Probe

Add. Information: NA

CPT Code: GenProbe 87149; HPLC 87143

MYCOBACTERIA ANTIBIOTIC SUSCEPTIBILITY

Synonyms: Sensitivity Testing

Test Laboratory: Mycobacteriology (TB), 803-896-0828

Days Test Performed: Weekly on new TB isolates and by request on previously positive patients

Request Form: DHEC 1335, Test # 604

Special Instructions: Call Laboratory for drugs other than INH, Ethambutol, Rifampin, Streptomycin and Pyrazinamide.

Specimen & Volume: NA

Container: NA

Storage/Shipping Temperature: NA

Shipping Description: NA

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

MYCOBACTERIA ANTIBIOTIC SUSCEPTIBILITY (Continued)

Methodology: Bac-Tec, conventional

Add. Information: NA

CPT Code: Bac-Tec 87190; Conventional disk method 87184

MYCOPLASMA HOMINIS/UREAPLASMA CULTURE (GENITAL)

Synonyms: *M. hominis* and *Ureaplasma*

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #272

Special Instructions: Please call Virology prior to sending, as special transport medium is required. See [Mycoplasma/Ureaplasma Culture Collection Procedure, Section III](#)

Specimen & Volume: Vaginal swab, cervical swab, urethral swab, urine, endometrial washings, and placenta

Container: Screw capped tube of mycoplasma hominis and ureaplasma transport media

Storage/Shipping Temperature: If *M. hominis* is suspected, store in refrigerator and ship with cold packs, if specimen will reach the laboratory within 6 hours. If shipping is delayed freeze at -70° and ship on dry ice. If *Ureaplasma* is suspected, store in refrigerator and ship with cold packs. Specimen must arrive at laboratory within 48 hours of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Cotton swab with wooden shaft used for collection; incorrect collection media used; specimen not received within stated time; specimen not cold on arrival. For universal rejections, See [Section I](#)

Methodology: Culture

Add. Information: NA

CPT Code: Culture 87109; Identification 87253

MYCOPLASMA PNEUMONIAE CULTURE (RESPIRATORY)

Synonyms: *Mycoplasma pneumoniae*

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #272

Special Instructions: DO NOT use calcium alginate swab for collection Place swab in viral transport media after collection.

Specimen & Volume: Throat swab or Bronchial washing See [Viral Respiratory Culture Collection Procedure, Section III](#)

Container: Screw capped tube of viral transport media

Storage/Shipping Temperature: Store in refrigerator and ship with cold packs. Specimen must arrive at laboratory within 48 hours of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen more than 48 hrs old when received; Calcium alginate swab used. For universal rejections, See [Section I](#)

Methodology: Culture

MYCOPLASMA PNEUMONIAE CULTURE (RESPIRATORY) (Continued)

Add. Information: NA

CPT Code: Culture 87109; Identification 87253

NAEGLERIA CULTURE - See "Amoebae Culture"

NEWBORN SCREENING PANEL

Synonyms: NA; **Tests include:** Amino Acid profile (including PKU), Galactosemia (GAO and GALT), T4 and TSH for Congenital Hypothyroidism (CH), Congenital Adrenal Hyperplasia (CAH), Hemoglobinopathies (Sickle variants, etc.), Acylcarnitine (including MCADD), Biotinidase Deficiency and Immuno Reactive Trypsin (IRT) for Cystic fibrosis.

Test Section: Newborn Screening, 803-896-0874

Days Test Performed: Monday - Friday

Request Form: DHEC # 1327

Special Instructions: See [Capillary Blood Collection by Heel-stick, Section III](#)

Specimen & Volume: Whole bloodspots on filter paper; Fill all circles with blood

Container: Special Filter paper attached to request form and preaddressed mailing envelope

Storage/Shipping Temperature: Allow blood to dry 4 hrs or overnight before packing. Store and ship at room temperature within 24 hours of collection. **Do Not** mail in plastic biohazard bags.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Scratched and abraded, contaminated, layered, or super-saturated spots. For universal rejections, See [Section I](#)

Methodology: T4 Thyroid, TSH Thyroid, 17-OHP(CAH), and IRT(Cystic Fibrosis) -- Fluorimmunoassay (FIA); Hemoglobinopathies -- Isoelectric Focusing (IEF), and High Pressure Liquid Chromatography(HPLC) ; Amino Acid Profile, and Acylcarnitines--Tandem Mass Spectrometry; and Biotinidase, GALT, and TGAL (GAO) --Flow Analyzer

Add. Information: **Interpretation:** All results will be reported to the hospital, clinic, or institution and the attending physician (2 separate copies). All tests except Hemoglobin, Biotinidase, and GALT are reported as normal or abnormal. Biotinidase and GALT are reported as normal or deficient. If abnormal, the value is also given on the report or in a follow up letter. Hemoglobins are reported as normal or with the appropriate hemoglobinopathy identified.

1. Amino Acid Profile:

The following amino acids are analyzed:

Valine
Leucine and Isoleucine
Methionine
Phenylalanine
Citrulline
Tyrosine
Succinylacetone

If any amino acid level is outside normal limits, a quantitative result is given.
Any abnormal amino acid results should be repeated as soon as possible.

2. Congenital Hypothyroid (CH) Screen:

All infants receive a T4 (Thyroxine) and a TSH (Thyroid Stimulating Hormone) screening test.

A T4 value of ≤ 7 $\mu\text{g/dL}$ is abnormal for infants ≤ 7 days old.

NEWBORN SCREENING PANEL (Continued)

A T4 value of $\leq 4\mu\text{g/dL}$ is abnormal for infants ≥ 8 days old.

A TSH value of $\geq 23 \mu\text{IU/mL}$ is abnormal for all infants, regardless of age.

3. **Congenital Adrenal Hyperplasia (CAH) Screen:**

17-OH-progesterone value of $\geq 75 \text{ ng/ml}$ or for infants with a birth weight of ≥ 2500 grams are reported as Abnormal

17-OH-progesterone value of $\geq 125 \text{ ng/ml}$ for infants with a birth weight of < 2500 grams are reported as Abnormal.

4. **Galactosemia (GAO) Screen:**

All infants receive a total Galactose and galactose-1-phosphate uridyl transferase (GALT) enzyme screen tests. A Galactose value $\geq 10 \text{ mg/dL}$ is considered Abnormal. GALT is reported as Normal or Deficient (abnormal). A GALT level $\leq 60 \mu\text{M}$ is considered deficient.

5. **Hemoglobinopathy (Hb) Screen:**

Results are reported as normal hemoglobin (Hb FA or Hb AF) or as an interpretative diagnosis for abnormal Hemoglobins. (e.g. Hb FAS, FAC FS) **Please note that this test does not detect all Thalassemias or Hemoglobins.**

HbA2 and S Quantitation (when whole blood is received): Results are reported as a percentage hemoglobin. HbA2 percentage $\geq 3.5\%$ is reported as abnormal.

6. **Acylcarnitines Profile**

This profile is run to detect abnormalities in fatty acid and organic acid metabolism.

Results are reported as normal or abnormal. If any acylcarnitine that is a primary marker for a disorder that we screen for is outside (greater than the cutoff) the expected range, a quantitative result will be given along with the abnormal cutoff level.

The following acylcarnitines are analyzed:

Free carnitine

C2 (Acetyl carnitine)

C3 (Propionyl carnitine)

C4 (Butyryl carnitine)

C5:1 (Tiglyl carnitine)

C5 (Isovaleryl carnitine)

C4-OH (3-Hydroxy-butyryl carnitine)

C6 (Hexanoly carnitine)

C5-OH (3-hydroxy-isovaleryl carnitine)

C8 (Octanoyl carnitine)

C3-DC (Malonyl carnitine)

C10:2 (Decadienoyl carnitine)

C10:1 (Decenoyl carnitine)

C10 (Decanoyl carnitine)

C5-DC (Glutaryl carnitine)

C12:1 (Dodecenoyl carnitine)

NEWBORN SCREENING PANEL (Continued)

C6-DC (Adipyl carnitine)
 C14:2 (Tetradecodienoyl carnitine)
 C14:1 (Tetradecenoyl carnitine)
 C14 (Myristoyl carnitine)
 C16 (Palmitoyl carnitine)
 C16-OH (3-hydroxyl Palmitoyl carnitine)
 C18:2 (Linoleyl carnitine)
 C18:1 (Oleoyl carnitine)
 C18 (Octadecanoyl carnitine)
 C18:1-OH (3-hydroxyl Oleoyl carnitine)

7. **Biotinidase Deficiency**

A Biotinidase level of ≤ 10 ERU(Enzyme Response Units) is considered deficient

8. **Cystic Fibrosis (CF)**

Abnormal result levels

An IRT (immunoreactive trypsinogen) level of ≥ 100 ng/mL in initial specimen

An IRT level of ≥ 70 ng/mL in subsequent specimens

CPT CODES: Amino Acid Profile 82139; T4 84437; TSH 84443; CAH 83498; Galactosemia 82760, 82775; Hemoglobinopathies 83020; Acylcarnitines 82017; IRT for Cystic Fibrosis 83516

NOROVIRUS DETECTION BY RT- PCR

Synonyms: Norwalk Virus, Norovirus PCR

Test Laboratory: Molecular Microbiology, 803-896-0825

Days Test Performed: As needed

Request Form: DHEC 1335, Test #114

Special Instructions: Batch stool specimens if possible. Rectal swabs are of insignificant value because they contain too little nucleic acid for amplification

Specimen & Volume: 1 ml fresh diarrheal stool specimen. Specimens collected within 48-72 hours of onset of symptoms are best. Specimens collected within 7 days of onset of symptoms will be accepted.

Container: Sterile screw capped 50 ml polypropylene conical tube or Enteric Kit

Storage/Shipping Temperature: Store in refrigerator and ship with cold packs.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen not cold on arrival; Specimen more than 7 days old when received. For universal rejections, See [Section I](#)

Methodology: Real-time reverse transcriptase polymerase chain reaction (real-time RT-PCR)

Add. Information Used to detect the presence of Norovirus. RT-PCR results are positive or negative for the presence of Norovirus.

CPT Code: Extraction 83890; Amplification 83898; Reverse transcriptase 83902

OVA AND PARASITES EXAMINATION(O & P)-See "Parasite Examination"

PAP TEST, LIQUID-BASED MONOLAYER (SurePath)

Available only to DHEC county health department clinics

Synonyms: GYN Pap Test, Gynecologic Pap Test, Liquid-Based Pap Test; Monolayer Pap Test

Test Laboratory: Center of Disease Detection (CDD), 888-858-8663

Days Test Performed: Referred to CDD

Request form: CDD AFTIS

Special Instructions: Referred to CDD

Specimen & Volume: SurePath Preservative Fluid Vial with Rovers Cervex Brush collection head in 10ml of 24% ethanol preservative fluid. See [Collection Procedures, Section III](#)

Container: Tightly capped SurePath Preservative Fluid Vial

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: Referred to CDD

Rejection Criteria, specific: Referred to CDD

Methodology: SurePath Pap Liquid-Based Monolayer Pap Test procedure

Use/Add. Information: Referred to CDD

CPT Code: Monolayer Screen 88142; Physician's Interpretation 88141

PARAINFLUENZA VIRUS CULTURE- See "Respiratory Viral Culture"

PARASITE EXAMINATION, (O & P)

Synonyms: Ova and parasites, (O & P)

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test [#401](#), [#402](#)

Special Instructions: Call Clinical Microbiology at 803-896-0805 to discuss collection of stools for O & P. Kits should only be handed out after thorough explanation of collection instructions. Formalin and PVA fixative liquids are hazardous and should be handled with care. Keep out of reach of children.

Specimen & Volume: Walnut sized stool, or 2 tbsp liquid stool preserved in 10% formalin and PVA. Sample containers are marked with a line for correct volume adjustment. Stool should be placed in preservative immediately after collection. Mix well. Do not over fill. See [Collection Procedure, Section III](#)

Container: 2 vial set – 10% formalin and PVA vial.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen contaminated with urine, water, laxatives or barium. Specimen that appears hard or unmixed with fixatives. For universal rejections, See [Section I](#)

Methodology: Microscopic exam of concentrate. FA for Giardia/ Cryptosporidia

Add. Information: Detection of protozoan cysts, helminth eggs and larvae

CPT Code: Microscopic exam 87177; FA 87206

PARASITE EXAMINATION, STAINS,-See "Cryptosporidium and Trichrome Stains"

PARASITE EXAMINATION, BLOOD PARASITES - See "Malaria Smear"

PARASITE EXAMINATION, ID OF PROGLOTTID OR WORM

Synonyms: NA

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #405

Special Instructions: Submit in 10% formalin or alcohol if formalin not available

Specimen & Volume: Proglottid or worm

Container: Leak-proof screw cap tube

Storage/Shipping Temperature: Store and ship at room temperature

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Visual or microscopic Examination of specimen

Add. Information: NA

CPT Code: 87168

PARASITE EXAMINATION, PINWORM - See "Pinworm Exam"

PARASITE SEROLOGY

Synonyms: NA; Test include: Chagas disease, cysticercosis, echinococcosis, leishmaniasis, malaria, schistosomiasis, trichinosis, visceral larva migrans (Toxocara) Toxoplasmosis; For additional information call 803-896-0805.

Test Laboratory: Referred to Centers for Disease Control and Prevention (CDC) for testing

Days Test Performed: NA

Request Form: CDC Specimen Referral Form 50.34 Rev. 8-84

Special Instructions: None

Specimen & Volume: 2 ml Whole clotted blood or serum

Container: Red top vacuum tube See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: NA

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: NA

Add. Information: NA

CPT Code: NA

PARVOVIRUS IgG/IgM SEROLOGY

Synonyms: NA

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Weekly

Request Form: DHEC 1332, Test #257

PARVOVIRUS IgG/IgM SEROLOGY (Continued)

Special Instructions: Single specimen only

Specimen & Volume: 5 ml whole blood or 2 ml serum See [Venipuncture Procedure, Section III](#)

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: Interpretation: Positive, Negative, or Equivocal

CPT Code: 86747 each immunoglobulin

PINWORM EXAMINATION

Synonyms: *Enterobius vermicularis*, Cellophane tape prep, Scotch tape prep

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #403

Special Instructions: Use clear cellophane tape. Collect first thing in the morning.

Specimen & Volume: *E. vermicularis* ova from the perianal area. See [Pinworm Prep Collection Procedure, Section III](#)

Container: Microscope slide with collection tape

Storage/Shipping Temperature: Store and ship at room temperature

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria: Use of frosted cellophane tape, stool specimen. For universal rejections, See [Section I](#)

Methodology: Microscopic examination for detection of pinworm eggs and adult worms

Add. Information: NA

CPT Code: 87172

PKU - See "Newborn Screening"

POLIOMYELITIS - See "Enterovirus culture"

PREMARITAL PROFILE FOR OUT OF STATE LICENSES

NOTE: No premarital testing is required for South Carolina marriage license

Synonyms: NA

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Monday-Friday

Request Form: DHEC 1332 Rubella IgG (Test #005), Syphilis and HIV (Test #235) Under "Reason for Test/Visit", check Premarital and indicate state where marriage will take place

Special Instructions: Tests vary according to specific state (See [Table 4, Section I](#) for listing)

Specimen & Volume: 2 ml Whole blood or serum See [Venipuncture Procedure, Section III](#)

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

PREMARITAL PROFILE FOR OUT OF STATE LICENSES (Continued)

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: NA. For universal rejections, See [Section I](#)

Methodology: EIA, Rubella and HIV; RPR, Syphilis

Add. Information:

CPT Code: Syphilis 86592; Rubella IgG 86762; HIV 86701

PRENATAL PANEL

Available only to DHEC clinics

Synonyms: NA; Initial screen includes Syphilis, Rubella, Hep B surface antigen, ABO, Rh and AB screen, HIV; CBC included only if requested

Test Laboratory: Diagnostic Serology, 803-896-0811 and Clinical, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test #030

Special Instructions: For AB screen- separate serum from clot if transport time > 48 hours; if repeat testing is required, mark individual test

Specimen & Volume: 2 x 7 ml whole blood **AND** 7 ml EDTA anticoagulated whole blood

Container: 2 red-top and 1 lavender top vacuum tubes; Do **not** use serum separator.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Serum separator tube used for EDTA collection. For universal rejections, See [Section I](#)

Methodology: EIA- HBsAg, HIV-1, and Rubella; RPR-Syphilis; Hemagglutination-ABO; and Rh; Antiglobulin test- AB Screen; Automated cell counter if CBC requested

Add. Information: Reference values are printed on results report

CPT Code: Panel of tests 80055

PVA PRESERVED FECAL SPECIMEN - See "Trichrome Stain"

RABIES EXAMINATION

NOTE: The Bureau of Laboratories is the only laboratory in S.C. which performs tests for rabies in animals. CDC performs all testing on human subjects. There is a special holiday and weekend on-call system for consultation and emergency testing that can be accessed by calling the main laboratory number, 896-0800.

Synonyms: NA

Test Laboratory: - Virology/Rabies, 803-896-0819

Days Test Performed: Monday- Saturday; Sunday and holidays if human exposure involved

Request Form: DHEC 1308, Test #260

Special Instructions: Contact the local county health department for information on specimen collection and shipping instructions. **Confirmation is a postmortem procedure;** because standard procedure currently requires the examination of brain tissue, the suspect animal must either be sacrificed or have died before the examination can be performed. All county health departments maintain containers appropriate for shipping specimens for examination, information on the management of animals suspected of being rabid, and to obtain vaccine for persons exposed to a rabid animal after consultation with the state epidemiologist.

RABIES EXAMINATION (Continued)

Specimen & Volume: Brain tissue

Container: Ship whole animal head.

Storage/Shipping Temperature: Keep cold; See special instructions above.

Shipping Description: See special instructions above.

Rejection Criteria, specific: No brain tissue or tissue decomposed or grossly contaminated. For universal rejections, See [Section I](#)

Methodology: Fluorescent Antibody (FA)

Add. Information: Reported as positive or negative. All positive reports are called directly to the county health department, or after regular working hours, to the county environmentalist who submitted the specimen

CPT Code: NA

RESPIRATORY VIRUS CULTURE

Synonyms: Battery of tests includes culture for Influenza A and B, Parainfluenza I, II, III, Adenovirus and Respiratory Syncytial (RSV) from a single specimen.

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #270

Special Instructions: None

Specimen & Volume: Throat swab See [Respiratory Virus Culture Collection Procedure, Section III](#)

Container: Screw capped tube of viral transport media (Available upon request)

Storage/Shipping Temperature: Store in refrigerator. Ship cold with cold packs within 24-48 hours. If shipping is delayed more than 48 hours, freeze at -70°C and ship on dry ice.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen not cold on arrival; calcium alginate swab used for collection. For universal rejections, See [Section I](#)

Methodology: Virus isolation; centrifuge enhanced (Shell Vial) technique

Add. Information: NA

CPT Code: Culture 87254; Identification 87253

RH FACTOR- See “Prenatal Testing”

RICKETTSIAL SEROLOGY (RMSF, MT)

Synonyms: Rocky Mt. Spotted Fever / Murine Typhus serology

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday, Wednesday, and Friday

Request Form: DHEC 1332, Test # 021 (RMSF) and #028 (MT)

Special Instructions: Acute and convalescent sera needed, convalescent should be taken three weeks after onset of disease.

Specimen & Volume: 5 ml whole blood or 1 ml serum See [Venipuncture Procedure, Section III](#), if needed.

Container: Red top vacuum tube

RICKETTSIAL SEROLOGY (RMSF, MT) (Continued)

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: NA. For universal rejections, See [Section I](#)

Methodology: Indirect Fluorescent Antibody (IFA)

Add. Information: Interpretation: Single titers of 1:64 are considered borderline; Titers may be low or negative (1:64 or lower) if specimen was collected earlier than 10 days after onset; A 4-fold rise between paired sera is diagnostically significant

CPT Code: 86757 each titer

RPR - See "Syphilis Serology (STS)"

RUBELLA SEROLOGY- IgG and IgM

Synonyms: German measles antibody, rubella immune screen, rubella IgG; and IgM

Test Laboratory: Clinical, 803-896-0891

Days Test Performed: Monday - Friday

Request Form: DHEC 1332 - Test # 006 for IgM, Test # 005 for IgG

Special Instruction: Call prior to sending specimen for IgM, 896-0891

Rubella IgG does not require calling

Specimen & Volume: 2 ml whole clotted blood, or 1 ml serum or plasma

Container: Red top vacuum tube See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: NA

CPT Code: 86762 each immunoglobulin

RUBEOLA VIRUS SEROLOGY-IMMUNE STATUS

Synonyms: Measles IgG

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Once/Week

Request Form: DHEC 1332, Test # 132

Special Instructions: None

Specimen & Volume: 5 ml whole clotted blood or 2 ml serum

Container: Red top vacuum tube See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: Used to determine immune status of patient

CPT Code: 86765

RUBEOLA SEROLOGY –DIAGNOSTIC

Synonyms: Measles IgM

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Upon request

Request Form: DHEC 1332, Test #111

Special Instructions: Call Virology (896-0819) prior to sending specimen

Specimen & Volume : 5 ml whole clotted blood or 2 ml serum

Container: Red top vacuum tube See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For Universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: Used in Diagnosis of measles and used during possible outbreaks. IgM antibodies usually appear 3-5 days after onset of rash.

CPT Code: 86765

SALMONELLA - See "Enteric Pathogens culture"

SCABIES

Synonyms: Mites, *Sarcoptes scabiei*

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #410

Special Instructions: Place skin scrapings in 1-2 drops of mineral oil on a glass slide and cover with a cover slip.

Specimen & Volume: Skin scrapings from infected area See [Collection Procedure for Scabies, Section III](#)

Container: Cardboard slide mailer in biohazard bag

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Too much oil used (several drops is too much). For universal rejections, See [Section I](#)

Methodology: Microscopic examination

Add. Information: Detection of scabies

CPT Code: 87210

SCHISTOSOME ANALYSIS

Synonyms: *Schistosoma haematobium*, urine for parasites

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday – Friday

Specimen & Volume: 15-20 ml Urine

Container: Clean, dry, screw-capped tube

Request Form: DHEC 1335, Test #410

SCHISTOSOME ANALYSIS (Continued)

Special Instructions: Collect last 15-20 ml of forced morning urine sample

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Stool submitted. For universal rejections, See [Section I](#)

Methodology: Microscopic examination

Add. Information: Used to detect the presence of *Schistosoma haematobium* in urine

CPT Code: 87177

SCHISTOSOMIASIS SEROLOGY - See "Parasite Serology"

SHIGELLA - See "Enteric Pathogens Culture"

SICKLE CELL - See "Hemoglobin Electrophoresis"

SPOROTRICHOSIS SEROLOGY

Synonyms: NA

Test Laboratory: Referred to CDC Mycoses Immunodiagnostic, 404-639-3469

Days Test Performed: Referred to CDC

Request Form: CDC form

Special Instructions: None

Specimen & Volume: 5 ml Whole clotted blood or 2 ml serum

Container: Red top vacuum tube See [Venipuncture Procedure, Section III](#), if needed

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: NA

Add. Information: NA

CPT Code: NA

STAPHYLOCOCCUS- See "Enteric Pathogens Culture" or Aerobe referred for ID

ST. LOUIS EQUINE ENCEPHALITIS - See "Arbovirus Serology"

STREPTOCOCCUS GROUP B - See "Beta-hemolytic Streptococcus, Group B culture."

STREPTOCOCCUS PYOGENES (GROUP A) See "Beta-Hemolytic Strep, Group A"

SUSCEPTIBILITY TESTING - See "Mycobacterial Susceptibility"

SYPHILIS SEROLOGY SCREEN

Synonyms: RPR, Non-Treponemal Antibody

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Monday - Friday

Request Form: DHEC 1332 Test #001 or Test #235,

SYPHILIS SEROLOGY SCREEN (Continued)

Special Instructions: None

Specimen & Volume: 2 ml whole clotted blood or 1 ml serum

Container: Red top vacuum tube See [Venipuncture procedure Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature; refrigerate and ship cold if more than 24 hours. Specimen must arrive within 3 days of collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria: Plasma specimen; more than 24 hours old. For universal rejections, See [Section I](#)

Methodology: RPR

Add. Information: Quantitation performed on positives

CPT Code: 86592

T4 LYMPHOCYTES - See "Lymphocyte Subset"

TB CULTURE - See "Mycobacterial Culture"

TETRAHYDROCANNABINOL (THC) (MARIJUANA) See "Cocaine and Marijuana Screen and Drugs of Abuse Screen, Urine"

THERAPEUTIC DRUG SCREEN See "Anticonvulsant Drug Monitoring"

THYROID PANEL

NON-NEONATAL AND CONFIRMATORY NEONATAL

Synonyms: Free T₄ and TSH

Test Laboratory: Clinical, Chemistry unit, 803-896-0890

Days Test Performed: Monday - Friday

Request Form: DHEC 1332, Test [#915](#)

Special Instructions: None

Specimen & Volume: 1-2 ml serum See [Venipuncture Procedure, Section III](#), if needed.

Container: Red top vacuum tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: Enzyme Immunoassay Assay (EIA)

Add. Information: NA

CPT Code: TSH 84443; Free T₄ 84439

TOXOPLASMA SEROLOGY- See "Parasite Serology"

TP-PA SEROLOGY

Synonyms: MHA-TP

Test Laboratory: Diagnostic Serology, 803-896-0811

Days Test Performed: Twice weekly usually Monday and Thursday

Request Form: DHEC 1332 Test # 002 and Test # 004

Special Instructions: None

Specimen & Volume: 0.5 ml serum See [Venipuncture Procedure, Section III](#), if needed.

Container: Red top Vacutainer

Storage/Shipping Temperature: Store and ship at room temperature; refrigerate and ship cold if more than 24 hours.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific None. For universal rejections, See [Section I](#)

Methodology: Particle Agglutination

Add. Information: Used to determine the stage of infection; Not a screening test; Reactive test is usually reactive for life (85% of cases)

CPT Code: 86781

TREPONEMAL ANTIBODY SEROLOGY See "TP-PA"

TRICHINOSIS - See "Parasite Serology"

TRICHROME STAIN

Synonyms: Giardia stain, Amoeba (stool exam), Trophozoite stain

Test Laboratory: Clinical Microbiology, 803-896-0805

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #402

Special Instructions: PVA specimen preferred; Fresh specimen less than 1 hour old accepted

Specimen & Volume: Walnut size formed stool or 2 tbsp liquid specimen mixed well in PVA, or LV-PVA preservative

Container: Leak-proof screw cap tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Inadequate mixing of stool and preservative; stool preserved in 10% formalin, SAF, or MIF; fresh stool specimen more than 1 hour old. For universal rejections, See [Section I](#)

Methodology: Microscopic examination of stained smears

Use/Add. Information: Used to detect protozoan cysts and trophozoite stages

CPT Code: 88313

TUBERCULOSIS CULTURE - See "Mycobacterial Culture"

TULAREMIA SEROLOGY

Synonyms: NA

Test Laboratory: Referred to CDC

Days Test Performed: NA

Request Form: CDC Form

Special Instructions: Contact Clinical Microbiology, 803-896-0805

Specimen & Volume: 2 ml Whole blood or serum

Container: Red top vacuum tube See [Venipuncture Procedure, Section III](#), if needed.

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: NA

Add. Information: Interpretation printed on CDC report

CPT Code: 86000

URINALYSIS:

Test available only in Columbia area when specimen can be delivered directly to the laboratory

Synonyms: NA

Test Laboratory: Clinical, Hematology Unit 803-896-0890

Days Test Performed: Monday-Friday

Request Form: DHEC 1332, Test # 774

Special Instructions: None

Specimen& Volume: 10 ml “clean catch” Urine

Container: Plastic urine container

Storage/Shipping Temperature: Not suitable for shipping. Specimen must be delivered to lab.

Shipping Description: **Do Not Ship.**

Rejection Criteria, specific: Greater than 6 hours old. For universal rejections, See [Section I](#)

Methodology: Includes microscopic and biochemical examinations

Add. Information: Reference values: sp. Gravity 1.005-1.030, pH 5.0-8.0, other biochemicals negative, microscopic variable but essentially free of cellular and crystalline elements.

CPT Code: 81000

URINE DRUG ANALYSIS- See “Drugs of Abuse Screen, Urine”

URINE LEAD ANALYSIS- See “Lead, Urine”

VARICELLA VIRUS CULTURE

Synonyms: Chickenpox

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday - Friday

Request Form: DHEC 1335, Test #270

VARICELLA VIRUS CULTURE (Continued)

Special Instructions: Write 'Varicella' in block on form for Agent/Organism/Virus Suspected.

Specimen & Volume: Vesicle fluid

Container: Screw capped tube of viral transport media (Available upon request)

Storage/Shipping Temperature: Store in refrigerator and ship cold with cold packs. Ship within 24 hours after collection.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen more than 24 hours old when received; Specimen not cold on arrival. For universal rejections, See [Section I](#)

Methodology: Cell culture

Add. Information: NA

CPT Code: Culture 87252; Identification 87253

VARICELLA VIRUS SEROLOGY

Synonyms: Chickenpox, Varicella-Zoster Virus Antibodies

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Once/Week

Request Form: DHEC 1332, Test [#110](#) Varicella IgG for Immune Status, Test [#116](#) Varicella IgM

Special Instructions: Please call Virology, 896-0819 prior to sending specimen from a pregnant patient who has been exposed to varicella.

Specimen & Volume: 5 ml. whole blood or 2 ml serum; Single specimen for immune status, See [Venipuncture Procedure, Section III](#), if needed.

Container: Red top vacuum tube

Storage /Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: None. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: Interpretation: Immune status: Positive, negative or equivocal

CPT Code: 86787

VDRL

Test only performed on CSF.

Synonyms: Venereal Disease Research Laboratory Test, CSF VDRL

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Once a week

Request Form: DHEC 1332, Test [#003](#)

Special Instructions: None

Specimen & Volume: 0.5ml -1.0 ml CSF only

Container: CSF collection tube

Storage/Shipping Temperature: Store and ship at room temperature.

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Blood submitted. For universal rejections, See [Section I](#)

VDRL (Continued)

Methodology: Agglutination

Add. Information: Interpretation: Reactive or non-reactive

CPT Code: 86592

VIBRIO - See "Enteric Pathogens Culture"

VIRAL CULTURE- See individual viral groups i.e. "Enterovirus or Respiratory Virus Culture", or individual virus, i.e. "Herpes", "Influenza CMV", "Varicella culture"

VIRAL ISOLATE FOR IDENTIFICATION

Synonyms: Referred culture for ID

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: Monday-Friday

Request Form: DHEC 1335, Test #275

Special Instructions: None

Specimen & Volume: Tissue Culture Isolate

Container: Screw capped culture tube

Storage/Shipping Temperature: Store in refrigerator and ship with cold packs. If shipping is delayed more than 48 hours, freeze at -70° C and ship on dry ice. If culture tube or shell vial; fill with media and ship on cold packs. Please call prior to shipping so needed culture materials can be obtained. 803-896-0820.

Shipping Description: Infectious substance See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: non-viable culture submitted. For universal rejections, See [Section I](#)

Methodology: Virus Neutralization, Hemagglutination inhibition

Add. Information: NA

CPT Code: 87253

VIRAL LOAD - See "HIV-1 PCR Quantitative (RNA)"

VISCERAL LARVA MIGRANS - See "Parasite Serology"

WEST NILE VIRUS SEROLOGY- IgG/IgM

Synonyms: NA

Test Laboratory: Virology/Rabies, 803-896-0819

Days Test Performed: As needed

Request Form: DHEC 1332, Test # 121

Special Instructions: IgG and IgM on serum specimens; IgM only on CSF

Specimen & Volume: CSF, 2 ml serum or 4ml whole blood in red-top tube

Container: Sterile vacuum tube or appropriate tube for CSF collection

Storage/Shipping: Temperature: Please call prior to shipping (803- 896-0819). CSF must be shipped cold within 24 hours. After 24 hours ship frozen on dry ice.

WEST NILE VIRUS SEROLOGY- IgG/IgM (Continued)

Shipping Description: See [Packing and Shipping Instructions, Section IV](#)

Rejection Criteria, specific: Specimen taken too early. For universal rejections, See [Section I](#)

Methodology: EIA

Add. Information: NA

CPT Code: 86790

WESTERN EQUINE ENCEPHALITIS - See "Arbovirus Serology"

WHOOPING COUGH - See "*Bordetella pertussis*"

YERSINIA - See "Enteric Pathogens Culture"

TEST FEE POLICY

The Bureau of Laboratories is only partially supported by legislative appropriations from State Funds. Therefore, we have been authorized to charge fees under certain conditions.

1. TEST FEES:

A fee is charged for those tests which benefit only the individual patient or which are readily available from private sources.

Exempt from charges:

- A. Test (s) that is not reasonably available from qualified private laboratories.
- B. Test (s) whose result is primarily of epidemiologic or public health significance.
- C. Test (s) run as a matter of bureau policy which is not requested by the physician.
- D. When the patient is medically indigent. In this case, the physician will be billed, but may deduct the charges before remitting. See billing procedures.
- E. Repeat tests for Newborn Screening. If the repeat test was requested by the Bureau of Laboratories, i.e., initial test was invalid due to early dismissal, or improperly collected specimen or insufficient quantity or other reason, there is no charge for the repeat test. *All initial and second tests are subject to the full fee.*

2. RETRIEVAL OF RECORDS:

When minimal time (less than 15 minutes) is required to retrieve and copy requests for laboratory documents or records, no charge will be levied. Requests for laboratory documents or records requiring more than 15 minutes retrieval and copy time will be assessed a charge of \$20.00/ hour.

BILLING PROCEDURE

Bills are generated monthly on an invoice that includes the patient's name, specimen number, date mailed, test(s) performed, and the test fees for each specimen. Billing invoices are generated by Sender and/or Billing numbers.

Payments:

1. Do not send payment with the specimen. Pay only when you receive a billing invoice.
Note: Please do not send cash payments.
2. The billing invoice will consist of two copies: The blue and white "remittance" copy must be returned with your payment for proper crediting of your account. The yellow "provider" copy should be retained for your records. On the left side of the billing invoice there is a column headed "Eligible for NON payment." Please place an "X" in this column beside the name of any patient listed who is considered to be unable to pay for the test, i.e. indigent. Place the total charges for patients eligible for non-payment in the indicated space at the upper right-hand corner of the billing invoice and deduct this amount from the total charges. Please indicate the amount remitted on the line designated on the billing invoice. If you have any questions pertaining to your account, please notify the Bureau of Laboratories immediately at (803) 896-0800.
3. Payment can be accessed on DHEC website at <http://www.scdhec.net>. Click on "Invoice payments [Instructions (pdf)]" button located under Online Services & Tools.

BUREAU OF LABORATORIES SERVICES GUIDE

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LABORATORY SERVICES

Medicaid reimbursement is available for medically indicated laboratory testing for a diagnosed or suspected illness or injury and certain routine laboratory testing that is required by DHEC programs and approved by DHHS as Medicaid reimbursable. The routine tests required by DHEC programs are described within the various sections of this manual.

The Clinical Laboratory Improvement Act (CLIA 88) mandated changes in the provision of laboratory services and in the Medicaid billing procedures for these services. Effective April 1, 1993, lab testing performed at the county health department or satellite clinic must be submitted to Medicaid using the County's Medicaid provider number. Laboratory procedures provided by the State DHEC Lab must be billed using the state lab's Medicaid provider number. Each provider of laboratory services must have a CLIA certificate and must report the certificate number to DHHS in order for their Medicaid claims to process successfully.

With the exception of lead screening, districts should continue billing for all services on the HCFA 1500, identifying state lab testing by using different program codes and place of service codes. When the claim is entered into our Medicaid billing system, it will be electronically split into two (2) separate claims - one for district services and another for state lab services. Lead screenings will continue to be billed by the state lab from the information reported on the lab slip. The date of service billed should be the date the specimen was collected.

Reimbursement received for lead screenings is credited to the state lab account. Reimbursement received for family planning pap smears is credited to the Family Planning Program. Reimbursement for referred STD and/or HIV Laboratory Tests is credited to the STD and/or HIV Program(s). All other reimbursement - other state lab testing and district services - is credited to the district accounts. Rejected claims will be returned to the originating district for correction and/or resubmission.

The Medicaid program codes and place of service codes **for specimens sent to the State Lab** are as follows:

Place of Service	Medicaid Program Code	Type Lab Test
81	16	Family Planning Pap Smears
81	62	STD Referred Laboratory Tests
81	56	HIV Referred Laboratory Tests
81	18	All other specimens sent to state lab

The Medicaid program codes and place of service codes **for specimens processed at the clinic site** (i.e., STAT lab tests) are as follows:

Place of Service	Medicaid Program Code	Type Lab Test
71	20	Family Planning STAT Lab Tests
71	60	STD STAT Laboratory Tests
71	57	HIV STAT Laboratory Tests
71	05	Child Health STAT Laboratory Tests

LABORATORY TESTS

The laboratory tests, procedure codes and charges listed on the following pages are for testing done in the DHEC Central Lab and within the local clinic setting. There are some tests performed in the DHEC Central Lab which are free of charge or done by the Center for Disease Control (CDC) and, therefore, should not be billed to Medicaid nor charged to private pay patients. When a patient presents for one or more of these tests, you may bill an administrative fee for the visit during which the specimen was taken but not for the test itself. The tests that currently fall into this category are:

1. Bacterial cultures-eyes, nose or skin (for other than gonorrhea)
2. Indirect Combs and Titer
3. Newborn Screening (There are no charges for repeat tests. Initial tests should be billed to Medicaid or charged to private pay clients.)
4. PKU
5. Torch Battery
6. Vaginal Strep Culture
7. Cryptococcal Antibody
8. BUN/Creatinine Ratio
9. GLOBULIN
10. Orasure (HIV)
11. Amebiasis Serology
12. Toxoplasmosis
13. Complement Fixation Test
14. Lyme Disease

Hepatitis B Testing

- 1) Infants born to mothers who have acute or chronic Hepatitis B virus
- 2) Persons who are sexual or household contacts of a person with Hepatitis B virus (HBV) infection should be provided Hepatitis B serologic testing (i.e., Hepatitis B Panel) at no charge. These clients should not be charged for a visit or the Hepatitis B Panel Test.

DHEC does not provide Hepatitis B Virus testing for marriage, employment, travel, citizenship, or school.

Persons requesting Hepatitis B Virus testing who are not contacts to person infected with the Hepatitis B virus should be referred to a private provider for testing.

Laboratory Tests in General Clinic (i.e., non-program related testing)

Clients requesting testing for marriage, employment, travel, citizenship or school should be charged for these services.

If two tests are done on the same date of service using the same procedure code, you may bill both tests by using the modifier “076” with the second procedure code. If three (3) or more of the same tests are performed on the same date of service, please forward the claim along with a brief explanation to the Bureau of Financial Management, Medical Billing Unit, for manual processing.

Tests Performed by Outside Laboratories

With the exception of pap smears, DHEC is not allowed to bill Medicaid for any laboratory tests performed by a laboratory other than DHEC's. Therefore, if you send a specimen to another laboratory, you may not bill Medicaid for the test. Please refer to your DHEC Laboratory Manual for instructions for processing lab tests and components included in various panels.

Type Service	Procedure Code (CPT4)	DHEC Charge
Blood Glucose by Monitoring Device	82962	5.00
Blood Lead Quantitative	83655	13.00
Blood Sugar (Dextrostix)	82948	5.00
Blood Sugar (Whole Blood Venipuncture)	82947	6.00
CBC (Complete Blood Count)	85025	20.00
CD4 – Lymphocyte Subset Panel		
T Cells Total Count	86359	20.00
Absolute CD4, CD8 and Ratio	86360	10.00
CBC	85025	20.00
Chlamydia DNA Amplified Probe (Urine or Swab)	87491	7.00
Chlamydia-Gonorrhea DNA Amplified Probe (Urine or Swab)	87491 - Chlamydia	5.50
	87591 - Gonorrhea	5.00
Cholesterol (Total)	82465	5.00
Drugs of Abuse Confirmation	80102	40.00

Type Service	Procedure Code (CPT4)	DHEC Charge
Darkfield	87164	15.00
Drugs of Abuse Screen (EMIT)	80100	17.00
Marijuana & Cocaine	80100 (076 Mod)	8.00
Electrolytes		
Chloride (blood)	82435	5.00
Sodium (serum)	84295	5.00
Potassium (serum)	84132	5.00
Fluorescent Treponema Antibody (FTA) (Syphilis)	86781	20.00
Glucose Challenge Test	82950	6.50
Glucose Tolerance Test	82951	18.00
Gonorrhea Culture (Any Source)	87081	8.00
Gonorrhea DNA Amplified Probe (Urine or Swab)	87591	5.00
Gram Stain	87205	7.00
Group Strep B Vaginal Culture	87060	NC
HDL	83718	5.00
Hematocrit – Micro, Spun	85013	1.00
Hemocult – Blood, Feces	82270	1.00
Hemoglobin-HemoCue	85018	3.00
Hemoglobin Electrophoresis	83020	7.00
Hepatitis A IGG	86708	10.00
Hepatitis A IGM	86708	10.00
Hepatitis C EIA	86803	10.00
Herpes Serology	86790	15.00
Herpes Simplex Culture	87140	35.00
*HIV (EIA)	86701	8.50
*HIV Western Blot	86689	25.00

Type Service	Procedure Code (CPT4)	DHEC Charge
*Clients requesting HIV testing for marriage, employment, travel, citizenship or school should be charged \$7.00 for the HIV EIA. If a client requests the Western Blot in addition to the HIV EIA, there will be an additional \$25.00 charge for the Western Blot. If the client does not request the Western Blot, and the lab does the Western Blot because the EIA is positive, there will be no charge to either Medicaid or the patient for the Western Blot.		
HIV P-24 Antigen Test	87390	15.00
HIV (Orasure)	86701	No charge
HIV PCR Qualitative	83890	4.20
	83892	4.20
	83896	4.20
	83898	4.20
	83912	14.90
HIV Viral Load (PCR Quantitative)	83890	4.20
	83892	4.20
	83902	No charge
	83912	14.90
	87797 x 4	16.64
	87798 x 2	17.57
HIV EIA/RPR Combination	86701 - HIV EIA	8.50
	86592 - RPR	6.00
Lactic Dehydrogenase (LDH)	83615	5.00
Lipid Panel A	80061	13.00
Lipid Panel B (with Glucose)	80061	13.00
	82947	1.00
Lyme Disease (EIA)	86618	No Charge
Measles (Rubeola) Serology Immune Status	86765	10.00
MHA-TP (Syphilis)	86592	9.00
Mumps Virus Serology	86735	10.00

Type Service	Procedure Code (CPT4)	DHEC Charge
Newborn Screening		
T-4	84437	3.74
TSH	84443	4.01
Hemoglobin	83020	8.14
Galactose	83498	3.77
CAH	83516	4.05
Acylcarnitines	82017	8.04
Amino Acid Profile	82136	3.93
Biotinidase	82261	1.53
IRT (Cystic Fibrosis)	83516	4.79
Pap Smear	88164	14.73
Pap Smear – Thin Prep	88142	21.72
Parasitology (O&P)	87177	20.00
Phenytoin Anticonvulsant Blood Level	80185	20.00
PPD (Mantoux Skin Test)	86580	3.00
RPR (STS)	86592	6.00
Rubella Antibody Serology	86762	10.00
Rubella Immune Status	86765	10.00
Serum Chemistries:		
General Panel I		
Glucose	82947	1.21
Uric Acid	84550	1.20
Cholesterol, Total	82465	1.21
AST (SGOT)	84450	1.19
Total Protein	84155	1.16
Albumin	82040	1.14
Globulin	NA	No Charge
Total Bilirubin	82247	1.19
Calcium	82310	1.17
BUN (Blood Urea Nitrogen)	84520	1.19
Creatinine	82565	1.15

Type Service	Procedure Code (CPT4)	DHEC Charge
General Panel II		
Glucose	82947	1.21
Uric Acid	84550	1.20
Cholesterol, Total	82465	1.21
AST (SGOT)	84450	1.19
Total Protein	84155	1.16
Albumin	82040	1.14
Globulin	NA	No Charge
Total Bilirubin	82247	1.19
Calcium	82310	1.17
BUN (Blood Urea Nitrogen)	84520	1.19
Creatinine	82565	1.15
BUN/Creatinine Ratio	NA	No Charge
Alkaline Phosphatase	84075	1.19
Phosphorus	84100	1.16
LDH	83615	1.21
ALT (SGPT)	84460	1.19

Type Service	Procedure Code (CPT4)	DHEC Charge
General Panel III		
Glucose	82947	1.21
Uric Acid	84550	1.20
Cholesterol, Total	82465	1.21
AST (SGOT)	84450	1.19
Total Protein	84155	1.16
Albumin	82040	1.14
Globulin	NA	No Charge
Total Bilirubin	82247	1.19
Calcium	82310	1.17
BUN (Blood Urea Nitrogen)	84520	1.19
Creatinine	82565	1.15
BUN/Creatinine Ratio	NA	No Charge
Alkaline Phosphatase	84075	1.19
Phosphorus	84100	1.16
LDH	83615	1.21
ALT (SGPT)	84460	1.19
CK	82550	1.37
Chloride	82435	1.27
Sodium	84295	1.24
Potassium	84132	1.24
Triglycerides	84478	1.34
Transferase (GGT)	NA	No Charge
Liver Panel		
AST (SGOT)	84450	1.19
ALT (SGPT)	84460	1.19
Alkaline phosphatase	84075	1.19
Total Bilirubin	82247	1.19
Total Protein	84155	1.16
Albumin	82040	1.14
Globulin	NA	No Charge
Cholesterol, Total	82465	1.21
LDH	83615	1.21
Stool Guaiac (Hemocult)	82270	1.00
Throat Culture/Beta Strep	87081	15.00

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Type Service	Procedure Code (CPT4)	DHEC Charge
Thyroid Panel		
Free T4	84439	6.00
TSH	84443	20.00
Urinalysis (Dipstick)	81002	3.00
Urinalysis (Microscopic)	81000	10.00
Urine Specific Gravity	81005	20.00
Urine Culture – Colony Count	87086	9.00
Varicella Virus Serology	86787	14.00
Wet Smear/Mount	Q0111	5.00
KUB X-Ray	72170	17.59

Other Fees:

Type Service	Procedure Code (CPT4)	DHEC Charge
*Collection Fee for Venipuncture/ Finger, Heel or Ear Stick	36415	3.00

*A venipuncture charge may be made if no visit charge is being assessed.

NOTE: An RN or higher level provider may bill a visit charge if the required components of the visit, as specified in the CPT Manual, are met and documented. An RN or higher level provider may not bill for both an office visit and a venipuncture. Provider levels lower than RN (e.g., LPN or Lab Tech) may not bill for clinic visits. They may, however, bill for a venipuncture if they did one.

INTEGRATED PREVENTIVE HEALTH SERVICES

The Goal of Integrated Preventive Health Services

The goal of Preventive Health Services is to apply the values of customer service, teamwork, and the applications of scientific knowledge by fully integrating services for men, women, and adolescents in local health departments. Integrated Preventive Health Services for men, women, and adolescents ensures that all those requesting services have access to customer-oriented, appropriate, and timely health care and support services. Integrated Preventive Health Services allow programs to provide a seamless provision of STD assessment and treatment, HIV counseling and testing, Family Planning, adult and adolescent immunizations, and Family Support Services that are client-centered. Provision of integrated services will result in more customer-focused care, less fragmentation of service delivery, and improved efficiency for both the customer and staff. Achieving these results is essential for DHEC to meet the challenges of a changing health care delivery system.

For the sake of ease in implementing Integrated Services and for clarity in understanding the integrated services process, Family Planning, STD, HIV, Family Support Services, and all Immunization Programs are defined in separate sections of this manual.

NOTE: When providing integrated services, the actual visit type depends upon the predominant services that were rendered. If the predominant services rendered are STD, then the appropriate CPT code for a STD visit should be billed without an FP modifier. If the predominant services rendered are routine Family Planning, then the appropriate CPT code for a Family Planning visit should be billed using an FP modifier. All ancillary services, including laboratory tests, contraceptive supplies, etc., should be billed in accordance with the policies in the corresponding sections of the manual.

AUTOMATED PRIVATE PAY SYSTEM

I. HISTORY OF PRIVATE PAY

The South Carolina Department of Health and Environmental Control has had statutory authorization to charge fees for health services since 1969 (section 44-1-180 and 44-1-190, S.C. Code 1974). In 1976, DHEC authorized a comprehensive private pay system designed to ensure that clients able to pay for health services would be charged a reasonable fee within specific programs in all county, region and state offices. In 1980, the One Write McBee Manual Receipting System was established. It served the dual purpose of providing a system for receipting money paid directly to the region and established an audit trail of all public monies collected.

In 2000, the Bureau of Finance developed and implemented statewide the Automated Private Pay System. The Automated Private Pay System is an electronic system for receipting money (e.g., cash, checks, credit cards, etc.) that is paid directly to the health department by a client for services rendered. The system was developed to have more effective internal controls for the receipting and financial reporting of monies taken in by health department clinic sites for various health programs. Vital Records and Environmental Health also use the system. There are occasions whereby the Automated Private Pay System is not available, and money must be collected and recorded manually and then entered into the Automated System at a later date.

For comprehensive information concerning the procedures governing the utilization and operation of both the Automated Private Pay System and the One Write McBee Manual Receipting System, refer to the following DHEC manuals:

[Automated Private Pay System Help Manual](#)

[Automated Private Pay System External Procedures Manual](#)

[Bureau of Finance Accounts Receivable Division's External Procedures Manual](#)

All of the manuals referenced above are on the DHEC intranet web site.

II. HEALTH SERVICES PROGRAMS

For Title V (Maternal and Child Health) services, Medicaid is the payer of first resort. This means that DHEC is allowed to bill Medicaid without implementing private pay charges. Consequently, DHEC has never had private pay charges for Maternal and Child Health services.

DHEC does not have private pay charges for Family Support services. Women and Children's Services exempted Family Support Services from private pay charges on the basis that these services are provided predominantly to the Maternal and Child Health population.

However, DHEC does have private pay charges for Family Planning services. Family Planning services, including laboratory tests, for which there are private pay charges are rate scaled based on family size and income. STD/HIV services, including laboratory tests, for which there are charges are rate scaled the same as Family Planning services. There are no charges to any payer source for any services provided by the Tuberculosis Program.

The Adult and Fee-for-Service (including International Travel) Immunization Programs also have private pay charges. In the Adult Immunization Program, there are visit and administration charges. In the Fee-for-Service Immunization Program, there are charges for the visit and the vaccine(s). The charges in the Immunizations Programs are **not** rate scaled based on family size and income. In the Adult Immunization Program, DHEC accepts any amount (i.e., from \$0 to the full visit charge) that the client can afford to pay. In the Fee-for-Service Program, the client is expected to pay 100% of the charges.

Lastly, there are a few non-program related health services available through DHEC. The most common non-program related services include blood pressure checks or laboratory tests for employment, school, citizenship and marriage. These services are not rate scaled based on family size and income.

III. PETTY CASH AND CHANGE FUND POLICIES AND PROCEDURES

Refer to the Bureau of Finance's "Petty Cash and Change Fund Policies and Procedures." The current policies are located on the DHEC intranet web site. The intranet address is: http://dhecnet/co/financial_management/docs/petty_cash.pdf

Questions about DHEC's Petty Cash Policies should be referred to the Bureau of Finance.

IV. BAD DEBT WRITE-OFF

A client's balance should be written off in accordance with agency policies. The policy that covers the write-off of bad debts is entitled "Tracking and Accrual of Services/Goods Provided and Write-Off Procedures." The policy is located in the [DHEC Administrative Policy Manual](#), Section B-405. Additional information about bad debt write-offs is in the [Automated Private Pay System External Procedures Manual](#).

All items addressed regarding bad debts are applicable to Health Services with the exception of the collections program. Charges for clinical services will not be referred to the S.C. Department of Revenue Governmental Enterprise Accounts Receivable (GEAR) Collections Program.

NOTE: Clients are not to be asked to pay on bad debt balances that have been written off. If the client offers to amend the bad debt, the payment should be entered into the Automated Private Pay System as a donation with an explanation documented.

V. DONATIONS

Donations may not be actively solicited. Donations are voluntary and may be accepted if offered. If payments for charges and donations are being receipted simultaneously, then two receipts should be completed, one for the charges and one for the donation.

VI. CHECKS RETURNED FOR NON-SUFFICIENT FUNDS

Follow policies established by the Bureau of Finance.

If a client's check is returned because of insufficient funds, the amount of the check and a service charge of \$30.00 will be added back into the client's account.

VII. CLIENT INTERVIEW

In the initial interview, an "Assignment of Benefits" (DHEC Form 0788) should be completed, and appropriate client demographic and financial information should be entered into CARES. The client information allows the client to be classified into one of five poverty level categories that is based on both family size and income level. Depending upon the category, the client will be asked to pay all, part, or none of the standard clinic charge. If a client is in the zero pay category, he or she is still considered to be a private pay client.

Definition of Family/Household

Household shall be defined as a group of persons living together, under one roof, who are dependent upon a mutual income. A person with an individual income living within the household should be included only if some portion of that income is utilized to meet the needs of the defined household.

Determining the Number of Family Members in Household

- A. Foster parents are not to be counted as family members. If a child is in a foster placement and is in the custody of the Department of Social Services, he or she should be considered a family of one.
- B. A grandparent who has his or her own income and uses it to meet his or her own needs and who is sharing the same house with the client is not necessarily sharing a common source of support. Likewise, a grandparent who is providing a home for a child and is using an AFDC or SSI check to pay for the child's daily needs is not necessarily contributing to the support of the child.
- C. Unmarried teens and/or college students living at home or in a dormitory may be considered as a one-person family for family planning/STD/HIV purposes. His or her private pay category may then be based on the amount of personal income he or she has.

Married teens are considered as any other married client. The spouse and children, if any, would be included in the family size.

- D. For prenatal services, an unborn child may be counted as a family member. (DHEC does not have private pay charges for prenatal services.)

Definition of Gross Income

Gross income is income from all sources, including those listed below, prior to the deduction of taxes, retirement, personal deductions, etc.

- Money from salaries, wages and commissions
- Net income from self-employment (including farming)
- Social Security
- Dividends, interest, income from estates, trusts, royalties, or net rental income
- Public assistance or welfare payments (SSI, AFDC)
- Pensions and annuities
- Unemployment Compensation
- Worker's Compensation
- Scholarships
- Alimony
- Child Support
- Veterans' pensions or benefits
- Money from relatives or non-relatives

The client demographic and financial information should be updated, as applicable, during each clinic visit or according to specific program guidelines.

Each region should establish its own policy for determining the pay category of those clients who refuse to or cannot give their income. They should not be automatically placed in the 0% pay category.

NOTE: Medicaid requires a "Signature on File" prior to submission of a claim. Medicaid does not specify a particular form to meet this requirement. Most programs in DHEC use the "Assignment of Benefits" (DHEC 0788 Form) as the "Signature on File." However, CRS and Home Health do not. Instead, CRS uses the CRS Application (DHEC 1625 Form) and Home Health uses the DHEC 0174 Form.

VIII. AUTOMATED PRIVATE PAY RECEIPTING SYSTEM

The Automated Private Pay System is an electronic system, developed by the Bureau of Finance, for receipting money (e.g., cash, checks, credit cards, etc.) that is paid directly to the health department by a client for services received.

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For detailed instructions on using the automated system, refer to the [Automated Private Pay System Help Manual](#) and the [Automated Private Pay System External Procedures Manual](#) published by the Bureau of Finance. Copies of the manual are located on the DHEC intranet web site.

IX. MANUAL MCBEE PRIVATE PAY SYSTEM

With the implementation of the Automated Private Pay System, the Manual McBee Private Pay System is rendered obsolete, except in instances whereby services are provided in a site where the Automated System cannot be accessed. When this occurs, money collected will be recorded manually and then entered into the Automated System when the staff returns to health department or region.

For additional assistance with the Automated Private Pay System, the Bureau of Finance has established a Help Desk. The telephone number of the Help Desk is (803) 898-3760.

SEXUALLY TRANSMITTED DISEASE SERVICES (STD)

DHEC STD clinic services are central to the prevention of sexually transmitted diseases within the community. STD diagnostic evaluation, treatment, client education and counseling, and case intervention services are available in each county health department. Nurse clinicians are responsible for the entire clinical care process, including history taking, physical examination, laboratory specimen collection, diagnosis, treatment, plan for follow-up and education/counseling.

Clients receiving STD services should be screened for Medicaid. If the client is Medicaid eligible, a claim should be filed for services rendered, provided the client consents and signs the Assignment of Benefits on the DHEC 0788 Form. Medicaid payment should be accepted as payment in full. The Medicaid payment system has confidential indicators on all STD diagnoses. Consequently, an Explanation of Benefits will not be sent to the client's home.

If the client is not Medicaid eligible or does not want Medicaid billed for STD services, the client should be treated as a private pay client. Private pay charges for STD services should be rate scaled, based on family size and income, using the Preventive Health Services Income Chart in the Family Planning section of this manual.

In the initial private pay interview, an Assignment of Benefits (i.e., DHEC Form 0788) is completed, and client demographic and financial information is entered into CARES. During subsequent visits, client demographic and financial information should be updated in CARES if changes have occurred since the last visit. The client financial information allows the client to be classified into one of five poverty level categories based on family size and income level. Private pay categories are 100%, 75%, 50%, 25%, and 0%. Depending upon the category, the client will be asked to pay all, part, or none of the standard clinic charge(s).

If the private pay client claims to have insurance coverage for STD services, the Region has the discretion to charge the client as a private pay client or to file the claim to the insurance company, provided the client consents and signs the Assignment of Benefits on the DHEC 0788 Form. When filing an insurance claim, the claim should be submitted with the full DHEC charge rather than the rate scaled amount. Subsequently, when an insurance payment is received, the insurance payment is accepted as full payment for services rendered. If the services rendered are not covered by insurance, payment should be requested from the client based on the income category.

A client must not be denied STD services because he or she cannot pay a fee.

BILLING EXCEPTIONS

DHEC does not have private pay charges for the following categories of clients:

- Contacts to syphilis and to HIV disease
- Persons with signs or symptoms of syphilis will not be charged for diagnosis or any follow-up treatment if infected.
- Person receiving follow-up testing and services for a positive HIV test.

- Initial (one-time) CD4 and Viral Load tests. Follow-up tests should be billed.
- Clients receiving STD/HIV screening in the community (i.e., targeted outreach for high risk populations)

Medicaid should not be billed for the exceptions noted above. Private insurance may be billed for these categories of clients, provided the clients consent and sign the Assignment of Benefits on the DHEC 0788 Form.

Services provided to all clients, including those in the zero percent private pay category, should be captured in accordance with the Agency policy for “Tracking of Services/Goods Provided and Accrual of Charges.”

Refer to the [Automated Private Pay System Help Manual](#) and the [Automated Private Pay System External Procedures Manual](#) for private pay billing instructions. These manuals are on the DHEC intranet web site. The web site addresses are listed in the Private Pay section of this manual.

PRIVATE PAY CLIENTS – DELINQUENT LETTERS

Delinquent letters to collect balances due for STD/HIV services will only be sent to the client’s residence if the client agrees. The check box for delinquent letters in the Automated Private Pay System will automatically default to no check mark in the box which means mail (i.e., delinquent letters) will not be sent to the home. Each time the client presents for service, he or she should be asked if mail may be sent to the home. If the client agrees that mail may be sent to the home, the box should be checked. If the client does not want mail sent to the home, the box should be unchecked. Once the box is checked, it will remain checked unless a staff member removes the check mark. Likewise, if the box is unchecked, it will remain unchecked unless a staff member puts a check mark in the box.

MEDICAID PRIOR AUTHORIZATION REQUIREMENTS

Medicaid Coverage Type	Prior Authorization (PA) Requirements
Regular Medicaid Fee-for-Service	PA Not Required
Family Planning Waiver	N/A - STD Services Not Covered **
MHN (PCCM) Enrollee	PA Not Required
HMO – First Choice (Select Health)	N/A – STD Services Covered Under Regular Medicaid Fee-For-Service
HMO – Unison (Better Health)	N/A – STD Services Covered Under Regular Medicaid Fee-For-Service

** The Family Planning Waiver will cover one course of antibiotic treatment per year from the approved drug list if the client is diagnosed with one of the following six specific STDs during an initial or annual family planning evaluation/ management visit: syphilis, chlamydia, gonorrhea, herpes, candidiasis, and trichomoniasis.

MEDICAID BILLING INFORMATION

STD services provided to Regular Medicaid Fee-For-Service clients, Medicaid MHN (PCCM) clients, and Medicaid HMO clients should be billed directly to Medicaid.

STD services provided in conjunction with routine Family Planning services should be billed on a separate claim form from the one used to bill the routine Family Planning services.

The Family Planning Waiver will cover one course of antibiotic treatment per year from the approved drug list if the client is diagnosed with one of the following six specific STDs during an initial or annual family planning evaluation/ management visit: syphilis, chlamydia, gonorrhea, herpes, candidiasis, and trichomoniasis.

STD services should be billed using one of the diagnosis codes listed in this section of the manual or any diagnosis code in the ranges (090 through 099), (054.10 through 054.19), and (131.00 through 131.09). If a diagnosis code other than one referenced in this section of the manual is used to bill STD services, the claim will reject for Medicaid HMO clients and may reject for MHN (PCCM) clients.

ROUTINE CHLAMYDIA-GONORRHEA SCREENING FOR CLIENTS AGE 24 AND YOUNGER

Chlamydia-Gonorrhea tests are done routinely on clients age 24 and younger. When these tests are done in STD clinics, they are not billable to Medicaid if the only risk factor is the client's age. If the only risk factor is the client's age, then private pay charges are applicable. These tests are billable to Medicaid if the client has regular Medicaid and has additional risk factors, as specified in the DHEC STD Program Policies and Standing Orders. The additional risk factor(s) must be documented in the client's record.

For information about routine Chlamydia/Gonorrhea testing that is done in Family Planning clinics, please refer to the Family Planning section of this manual.

I. BILLABLE SERVICES

- A. Clinic Visits
- B. Treatment Drugs/Contraceptive Supplies
- C. Laboratory Services
- D. Alcohol and Drug Assessments and Referrals
- E. Family Support Services

II. DIAGNOSIS CODES

The following diagnosis codes are for use in filing Medicaid claims for sexually transmitted disease services. (These diagnoses have confidential indicators).

054.10	Genital Herpes, unspecified
078.0	Molluscum contagiosum
078.11	Condyloma acuminatum (venereal warts, HPV)
079.98	Unspecified chlamydia disease
090.2	Early congenital syphilis, unspecified
091.0	Genital syphilis (primary)
091.1	Primary anal syphilis
091.2	Other primary syphilis (breast, fingers, lip, tonsils)
091.3	Secondary syphilis of skin or mucous membrane (condylomata)
091.9	Unspecified secondary syphilis
092.9	Early syphilis, latent, unspecified
094.3	Asymptomatic Neurosyphilis
096	Late syphilis, latent
097.0	Late syphilis, unspecified
098.0	Gonococcal disease
098.15	Gonococcal cervicitis
098.40	Gonococcal disease of eye
098.6	Gonococcal disease of pharynx
098.7	Gonococcal disease of anus and rectum
098.89	Gonococemia
099.0	Chancroid
099.1	Lymphogranuloma venereum
099.2	Granuloma inguinale
099.40	NGU, unspecified
112.1	Candidiasis of vulva & vagina
112.2	Candidiasis, of other urogenital sites
131.01	Trichomonal vulvovaginitis
132.2	Pubic lice
133.0	Scabies
607.1	Balanitis
614.9	PID
616.0	Cervicitis & endocervicitis
616.10	Vaginitis & vulvovaginitis, unspecified (bacterial vaginosis)
V01.6	STD Contact
V01.79	Contact to Viral Disease (HIV, Herpes, Hepatitis)
V74.5	STD Screening Examination
V02.7	STD (Gonorrhea) Contact
V02.60	Viral Hepatitis Carrier, Unspecified
V02.61	Hepatitis B Carrier
V02.62	Hepatitis C Carrier
V02.69	Other Viral Hepatitis Carrier
V65.45	STD Counseling
V69.2	High Risk Sexual Behavior

In addition to the diagnosis codes listed above, DHHS will accept any diagnosis code in the ranges (090 through 099), (054.10 through 054.19), and (131.00 through 131.09).

III. DESCRIPTION OF SERVICES AND NECESSARY BILLING INFORMATION

A. CLINIC VISITS

Medicaid clients (age 21 and older) are allowed 12 ambulatory care visits per year, commencing on July 1st of each year. Recipients under age 21 are exempt from this limitation.

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive – High Complexity	99205-P2	See Diagnosis Code List	\$141.76	\$137.66

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – clinic

Program Code: 60

1. CPT Manual Description

99205 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of high complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

NOTE: It is anticipated that procedure code 99205 will be used rarely, if ever.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive - Moderate Complexity	99204-P2	See Diagnosis Code List	\$112.69	\$109.40

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – Clinic

Program Code: 60

1. CPT Manual Description

99204 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of moderate complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Detailed – Low Complexity	99203-P2	See Diagnosis Code List	\$73.50	\$71.16

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – Clinic

Program Code: 60

1. CPT Manual Description

99203 – Office or other outpatient visit for the evaluation and management of a **new patient**, which **requires these three components**:

- A detailed history
- A detailed examination
- Medical decision making of low complexity

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Expanded Problem Focused	99202-P2	See Diagnosis Code List	\$49.69	\$48.60

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 60

1. CPT Manual Description

99202 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- An expanded problem focused history
- An expanded problem focused examination
- Straightforward medical decision making

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician.

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (New Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Problem Focused	99201-P2	See Diagnosis Code List	\$28.28	\$28.16

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

Program Code: 60

1. CPT Manual Description

99201 – Office or other outpatient visit for the evaluation and management of a **new client**, which **requires these three components**:

- A problem focused history
- A problem focused examination
- Straightforward medical decision making

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician.

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Comprehensive – High Complexity	99215-P2	See Diagnosis Code List	\$98.72	\$96.21

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 60

1. CPT Manual Description

99215 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- A comprehensive history
- A comprehensive examination
- Medical decision making of high complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

NOTE: It is anticipated that procedure code 99215 will be used rarely, if ever.

2. Appropriate Staff
Registered nurse, nurse practitioner/clinical nurse specialist, physician.
3. Documentation Requirements
Adult Clinical Encounter Form - DHEC 3212
Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Detailed – Moderate Complexity	99214-P2	See Diagnosis Code List	\$72.95	\$71.15

Allowable Frequency: 1 per day

Permissible Place of Service: 71 – Clinic

Program Code: 60

1. CPT Manual Description

99214 – Office or other outpatient visit for the evaluation and management of an **established patient**, which **requires at least two of these three components**:

- A detailed history
- A detailed examination
- Medical decision making of moderate complexity

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician.

3. Documentation Requirements

Adult Clinical Encounter Form – DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Expanded Problem Focused	99213-P2	See Diagnosis Code List	\$48.12	\$47.31

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 60

1. CPT Manual Description

99213 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- An expanded problem focused history
- An expanded problem focused examination
- Medical decision making of low complexity

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Problem Focused	99212-P2	See Diagnosis Code List	\$29.15	\$29.01

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 - Clinic

Program Code: 60

1. CPT Manual Description

99212 – Office or other outpatient visit for the evaluation and management of an **established client**, which **requires at least two of these three components**:

- A problem focused history
- A problem focused examination
- Straightforward medical decision making

Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician.

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

Visit Type (Established Client)	Procedure Code	Diagnosis Code	DHEC Charge	Medicaid Rate
Minimal	99211-P2	See Diagnosis Code List	\$20.00	\$15.29

Allowable Frequency: 1 per day

Permissible Place of Service Code: 71 – Clinic

Program Code: 60

1. CPT Manual Description

99211 – Office or other outpatient visit for the evaluation and management of an **established client** that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

A P2 modifier must be used with the procedure codes for STD visits.

2. Appropriate Staff

Registered nurse, nurse practitioner/clinical nurse specialist, physician.

3. Documentation Requirements

Adult Clinical Encounter Form - DHEC 3212

Continuation/Coordination Sheet (if needed) – DHEC 1619A

B. TREATMENT DRUGS**1. The following medication/supply codes are currently used in the treatment of STD clients:**

Medication	Procedure Code	DHEC Charge
Acyclovir (Zovirax) 200 mg	NDC#	
Acyclovir (Zovirax) 400 mg	NDC#	\$1.46/capsule
Amoxicillin 500 mg	NDC #	
Azithromycin (Zithromax) 250 mg	NDC#	\$4.48/capsule
Azithromycin Sachet Packets	NDC#	\$9.30/packet
Benzathine Penicillin (Bicillin) 1.2 mu.	J0570	\$7.55/syringe
Ceftriaxone (Rocephin) 250 mg	J0696	\$4.88/vial
Cipro 500mg	NDC#	\$1.60/tablet
Cleocin Vaginal Cream 2%	NDC#	\$18.17/tube
Clotrimazole (Mycelex) Vaginal Cream	NDC#	\$2.93/tube
Condylox Topical Solution 5%	NDC#	\$70.15/vial
Doxycycline 100 mg	NDC #	
Elimite Cream 5% 60 gm	NDC#	\$4.73/tube
Erythromycin EC Tabs 250 mg	NCD #	
Erythromycin Time-Release 250 mg	NDC #	
Floxin 400mg	NDC#	\$2.70/tablet
Fluconazole 150 mg (Diflucan)	NDC#	\$7.90/tablet
Gynazole Vaginal Cream	NDC#	\$18.31/tube
Imiquimod (Aldara) 1 box of 12 packets	NDC#	\$79.38/box
Metrogel 0.75% oz	NDC#	\$15.26/tube
Metronidazole (Flagyl) 250 mg	NDC#	
Metronidazole (Flagyl) 500 mg	NDC#	\$.04/tablet
Probenecid 500 mg	NDC#	
Spectinomycin (Trobicin) 2 gm 1 vial	J3320	\$4.47/vial
Valacyclovir (Valtrex) 500 mg	NDC#	\$1.55/capsule

Permissible Place of Service Code: 71 – Clinic
Program Code: 62

Treatment drugs listed with NDC numbers require pharmacy billing. Currently, DHEC does not have a pharmacy billing system and, therefore, does not bill Medicaid for treatment drugs for which the NDC number is the procedure code. Medicaid clients should not be charged as private pay clients for the treatment drugs. Private pay clients should be charged according to the sliding fee scale. All STD treatment drugs that are administered by injection have national HIPAA compliant “J” procedure codes. The “J” procedure codes may be billed to Medicaid.

There are no charges to any payer source for any STD treatment drugs that are not listed above.

The Family Planning Waiver will cover one course of antibiotic treatment per year from the approved drug list if the client is diagnosed with one of the following six specific STIs during an initial or annual family planning evaluation/ management visit: syphilis, chlamydia, gonorrhea, herpes, candidiasis, and trichomoniasis.

2. Contraceptive Supplies

All contraceptive supplies and associated charges are listed in the Family Planning Services section of this manual.

If male or female condoms are issued for family planning purposes, there is a charge as specified in the Family Planning Services section of this manual. If they are issued for the prevention of STDs, there is no charge. All other contraceptive supplies may be billed with an FP modifier or charged to the private pay client using the sliding fee scale.

If a client comes in for an STI visit, and incidentally asks for and receives additional family planning supplies (due to short expiration dates or limited clinic supplies on a previous visit) with no other family planning visit component (i.e. B/P) provided but supplies, the billing should be coded with the appropriate E&M code for the STD visit and a P2 modifier used. **No additional billing is allowed for dispensing the FP supplies.**

Permissible Place of Service Code: 71- Clinic, 12- Inpatient hospital
Program Code: 60

C. LABORATORY SERVICES:**1. Stat STD Laboratory Tests**

Type Service	Procedure Code (CPT4)	DHEC Charge
Darkfield	87164	15.00
Gram Stain	87205	7.00
STS (RPR)	86592	6.00
Wet Smear/Mount	Q0111	5.00

Permissible Place of Service Code: 71- Clinic
 Program Code: 60

2. Referred STD Laboratory Tests

Type Service	Procedure Code (CPT4)	DHEC Charge
Chlamydia DNA Amplified Probe (Urine or Swab)	87491	7.00
Chlamydia-Gonorrhea DNA Amplified Probe (Urine or Swab)	87491 - Chlamydia 87591 - Gonorrhea	5.50 5.00
Fluorescent Treponema Antibody (FTA) (Syphilis)	86781	20.00
Gonorrhea Culture (Any Source)	87081	8.00
Gonorrhea DNA Amplified Probe (Urine or Swab)	87591	5.00
Hepatitis C EIA	86803	10.00
Herpes Serology	86790	15.00
Herpes Simplex Culture	87140	35.00
MHA-TP (Syphilis)	86592	9.00
STS (RPR)	86592	6.00
*Collection Fee for Venipuncture/ Finger, Heel or Ear Stick	36415	3.00

Permissible Place of Service Code: 81- State DHEC Lab
 Program Code: 62

*A venipuncture charge may be made if no visit charge is being assessed.

NOTE: An RN or higher level provider may bill a visit charge if the required components of the visit, as specified in the CPT Manual, are met and documented. An RN or higher level provider may not bill for both an office visit and a venipuncture. Provider levels lower than RN (e.g., LPN or Lab Tech) may not bill for clinic visits.

They may, however, bill for a venipuncture if they did one.

When a patient presents for **Complement Fixation Test**, you may bill an administrative fee for the visit during which the specimen was taken but not for the test itself.

Please note that the laboratory tests referenced above are STD tests. If medically indicated, non-STD laboratory specimens are taken during an STD clinic visit, refer to the Laboratory Services section of this manual for procedure codes and DHEC charges.

D. ALCOHOL AND DRUG ASSESSMENT AND REFERRAL

Refer to Alcohol and Drug Assessments and Referrals section of this manual.

E. FAMILY SUPPORT SERVICES (FSS)

Refer to Family Support Services section of this manual.

MEDICAID PROGRAM

I. GENERAL INFORMATION

Medicaid, known formally as Title XIX of the Social Security Act, was signed into law by the President on July 30, 1965, under Public Law 89-97. The program has been modified since then through amendments to the original Social Security Act and the enactment of additional laws.

The purpose of the Medicaid program is to enable states to provide high quality medical care to individuals with low incomes.

In South Carolina, the Medicaid program provides payment for health services for eligible recipients through the Department of Health and Human Services (DHHS). DHHS contracts with the South Carolina Department of Health and Environmental Control (DHEC) to provide selected physicians' clinical and ancillary services.

Following is general information about the Medicaid program and some of the requirements that must be met in order to request reimbursement under the Medicaid program. It is essential for clinic and program personnel to be thoroughly familiar with this information.

Medicaid Client Acceptance

Accepting a client for treatment under the Medicaid program is optional. However, we may not discriminate in selecting the Medicaid clients we will treat. Prior to rendering service, it must be agreed upon as to whether or not we are willing to accept the client as a Medicaid client. Once this agreement has been reached, all Medicaid reimbursable services rendered by DHEC clinic staff must be billed to Medicaid. Only those services not covered by Medicaid may be billed to the client. We may, at a subsequent date, decide not to treat the client as a Medicaid recipient. If this occurs, the provider must advise the client of this fact before rendering treatment.

II. BILLING CRITERIA

In order to request reimbursement for clinic services, the services must be medically necessary and conditions of physician involvement must be met.

If a provided service cannot be billed due to criteria not being met or has been denied with a valid denial reason which cannot be corrected, these services will be accounted for as non-billable units of service. This applies to both Medicaid and non-Medicaid clients.

A. Medical Necessity

Medicaid will pay for a service when the service is covered under the South Carolina State Plan and is medically necessary. The Medicaid Agency defines medical necessity as:

“Medically necessary means that the service (the provision of which may be limited by specific manual provisions, bulletins, and other directives) is directed toward the maintenance, improvement, or protection of health or toward the diagnosis and treatment of illness or disability. A provider’s medical records or other appropriate documentation for each beneficiary must substantiate the need for services, must include all findings and information supporting medical necessity and justification for services, and must detail all treatment provided.”

It is important to note that DHHS may, in certain instances, limit the number of allowable units of medically necessary service or clinic visits.

B. Physician Involvement

Under the conditions of DHEC’s contracts with DHHS, certified direct services by a physician and services provided under his supervision by health professionals other than physicians are eligible for reimbursement. In all cases, active participation by an MD is a requirement for Medicaid payment. We may bill a visit charge for services if rendered by a physician, APRN (Advanced Practice RN – i.e., nurse practitioner, certified nurse midwife, or clinical nurse specialist in extended role) or registered nurse. DHEC is not required to have a physician in the clinic to be allowed to bill for RN services.

Where nurse practitioners and certified nurse midwives provide services delegated as “additional acts,” as defined by the laws governing nursing in South Carolina, the physician supervisor must have collaborated with the nurse practitioner in the development of specific written approved medical protocols which constitute evidence of the physician's personal supervision. In these cases, no physician/client encounter is required, and there is no requirement to have a physician in the clinic.

C. Basic Documentation Requirements in Client Clinical Records

Claims for reimbursement should not be submitted for any services not documented in the client’s record. Following are basic Medicaid documentation requirements:

1. All services provided to a client should be recorded in the client record (i.e., extent of physical examination, x-ray interpretation, laboratory tests performed and results, referral, supplies, counseling, history, medication provided, suspected or actual diagnosis of illness or health condition, evaluation and treatment prescribed). It is not acceptable to document services rendered to one client inside the record of another client, such as in the case of mothers and infants. It is necessary to record the number of units spent in providing the service when billing Medicaid in time units (e.g., 15 minute units). The service documentation must justify the number of units billed.
2. Medical necessity of services must be evident and documented. The diagnosis must relate directly to the service provided, and all services must be reasonable.

Service specific documentation requirements should be followed in accordance with DHEC program/Medicaid guidelines. Documentation requirements for record entries and legibility of entries, signatures, use of abbreviations, error correction, late entries, etc., can be found in the DHEC Administrative Policy Manual.

III. CLINIC SERVICE INFORMATION

A. Program Identification Numbers

Refer to the Medicaid Claims section of this manual for a list of DHEC program identification codes to be used to bill Medicaid for services other than lab. The DHEC program identification codes for laboratory services are in the Laboratory Services section of this manual.

B. DHEC Reasonable Charges

The DHEC reasonable charge associated with each type of service is the amount which should be entered on the CMS-1500 Form. The Department of Health and Human Services (DHHS) reimburses DHEC for services according to either the Medicaid Payment Schedule or DHEC's cost of providing the services. For services reimbursed according to the Medicaid Payment Schedule, Medicaid will pay us either our charge or the schedule rate, whichever is the lesser amount. Some services are reimbursed by Medicaid based on our documented costs.

We may bill Medicaid for laboratory services rendered in DHEC facilities only. If we have laboratory tests or x-rays performed on our clients in other facilities, the provider who performed the service is required to bill Medicaid directly. With the exception of pap smears, we may not bill for services that are performed in a separate laboratory or x-ray clinic.

C. Frequency of Services

There are allowable frequencies for some services reimbursed by Medicaid. Reimbursement may be requested for services that exceed the established frequency, but claims for these services must be submitted hard copy for manual processing and have supportive documentation attached. The allowable frequencies of services, if applicable, are listed in the various program sections of this manual.

D. Clinic Services

In general, Medicaid allows 12 ambulatory care visits per year. Exceptions to this rule are as follows:

- Procedure code 99211 is exempt.
- Routine Maternity visits are exempt.
- Routine Family Planning visits are exempt.
- Children under 21 are exempt.

Following is criteria to be used when determining whether the client is new or established and determining the appropriate procedure code and the correct diagnosis code for services rendered:

1. New and Established Clients

The terms “new” and “established” apply only to Evaluation and Management (E/M) services. Within DHEC, the only E/M services provided are clinic visits (reported with procedure codes 99201-99205 and 99211-99215) and EPSDT Screenings (reported with procedure codes 99381-99385 and 99391-99394).

New Client

For Medicaid and private pay billing purposes, when a client presents for an E/M service, he or she is considered new if he or she **has not received** a professional service in DHEC within the past three years for which a medical record was established, or an existing record was documented. The professional service must have occurred in a face-to-face encounter with a DHEC clinician, and the service must have a corresponding CPT/HCPCS code.

Established Client

For Medicaid and private pay billing purposes, when a client presents for an E/M service, he or she is considered established if he or she **has received** a professional service in DHEC within the past three years for which a medical record was established, or an existing record was documented. The professional service must have occurred in a face-to-face encounter with a DHEC clinician, and the service must have a corresponding CPT/HCPCS code.

NOTE: The terms "new" and "established" are used for CPT coding purposes. Please note that visit types (i.e., Family Planning (Initial, Revisit, Annual, Medical, Method Problem, and Supply); STD (Vol., F/U, Contact To, and Other); HIV (Vol., Contact, PTC F/U, and Other); Children's Health (Comprehensive, Intermediate, Brief, MD/NP Visit, Intermediate + WIC, and Brief + WIC) still need to be captured, according to program guidelines, for program reporting requirements.

2. Diagnosis Codes:

Diagnosis codes are required on all claims for Medicaid reimbursement. The purpose is to identify the illness, suspected illness, or medical condition of the client receiving services. A complete listing of diagnosis codes can be found in the ICD-9-CM for Physicians – Volumes 1 and 2. The ICD-9-CM is updated annually in October. Region staff should always use the current year edition.

Diagnosis codes must be selected by the service provider for services provided. Quite often, the diagnosis code designated for the clinic visit will also cover additional services (i.e., laboratory tests, supplies, etc.) provided during the visit. However, additional diagnosis codes may be warranted if medically indicated laboratory tests are provided, but the primary diagnosis code for the visit is not appropriate for the additional laboratory tests.

Some sections of this manual contain diagnosis codes that are appropriate to use for services rendered; however, in some cases, the service provider will need to refer to the ICD-9-CM for the appropriate code.

3. Clinic Visits - Levels of Evaluation and Management (E/M) Services:

The following CPT codes are used to bill DHEC clinic visits:

New Clients

99205 – Comprehensive - High Complexity
 99204 – Comprehensive - Moderate Complexity
 99203 – Detailed – Low Complexity
 99202 – Expanded Problem Focused
 99201 – Problem Focused

Established Clients

99215 – Comprehensive – High Complexity
 99214 – Detailed – Moderate Complexity
 99213 – Expanded Problem Focused
 99212 – Problem Focused
 99211 - Minimal

Selecting the appropriate CPT code is dependent upon such factors as: extent of history obtained, extent of examination performed and the level of complexity of medical decision making.

4. Procedure Codes and Descriptions of Levels of E/M Services

a. New Client

99205 - Office or other outpatient visit for the evaluation and management of a new client, which requires these three key components:

- comprehensive history
- comprehensive examination
- medical decision making of high complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the client and/or family.

99204 - Office or other outpatient visit for the evaluation and management of a new client, which requires these three key components:

- a comprehensive history
- a comprehensive examination
- medical decision making of moderate complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the client and/or family.

99203 - Office or other outpatient visit for the evaluation and management of a new client, which requires these three key components:

- a detailed history
- a detailed examination
- medical decision making of low complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the client and/or family.

99202 - Office or other outpatient visit for the evaluation and management of a new client, which requires these three key components:

- an expanded problem focused history
- an expanded problem focused examination
- straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the client and/or family.

99201 - Office or other outpatient visit for the evaluation and management of a new client, which requires these three key components:

- a problem focused history
- a problem focused examination
- straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the client and/or family.

b. Established Client

The following codes are used to report the evaluation and management services provided to established clients who present for follow-up and/or periodic reevaluation of problems or for the evaluation and management of new problem(s) in established clients.

99215 - Office or other outpatient visit for the evaluation and management of an established client, which requires at least two of these three key components:

- a comprehensive history
- a comprehensive examination
- medical decision making of high complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the client and/or family.

99214 - Office or other outpatient visit for the evaluation and management of an established client, which requires at least two of these three key components:

- a detailed history
- a detailed examination
- medical decision making of moderate complexity

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the client and/or family.

99213 - Office or other outpatient visit for the evaluation and management of an established client, which requires at least two of these three key components:

- an expanded problem focused history
- an expanded problem focused examination
- medical decision making of low complexity

Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the client and/or family.

99212 - Office or other outpatient visit for the evaluation and management of an established client, which requires at least two of these three key components:

- a problem focused history
- a problem focused examination
- straightforward medical decision making

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.

Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the client and/or family.

99211 - Office or other outpatient visit for the evaluation and management of an established client that may not require the presence of a physician.

Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

5. Determining the Level of E/M Service

For assistance in selecting the appropriate level of service, clinical providers should refer to:

- Current edition of the CPT Manual. The CPT Manual is updated annually in January.
- March 20, 2006 CPT Coding Training provided by the Family Planning Program. Contact the Family Planning Program for a DVD or VHS copy of the training.
- 1995 CMS Documentation Guidelines for Evaluation & Management Services
- Program specific guidance
- The STD/HIV sections of this manual where CPT codes have been assigned to the most frequent visit types

IV. MEDICAID COVERAGE TYPES

Medicaid Family Planning Waiver

The Medicaid Family Planning Waiver allows Medicaid to cover Family Planning services (i.e., clinic visits, procedures, contraceptive supplies, and laboratory tests that are related to contraceptive management) for the following two populations:

1. Postpartum OCWI women normally lose Medicaid coverage 60 days after delivery of a baby or at the conclusion of their pregnancies. These women are automatically transitioned to the Family Planning Waiver for an additional 10 months of coverage for Family Planning services only.
2. Women at or below 185% of poverty may receive coverage for Family Planning services only under the Family Planning Waiver. Women at or below 185% of poverty must apply for Medicaid coverage under the Family Planning Waiver.

Medicaid Fee-For-Service

Traditional Medicaid fee-for-service is also known as regular Medicaid. Traditional Medicaid fee-for-service coverage allows the Medicaid recipient to choose any provider who is both enrolled as a Medicaid provider and willing to accept the recipient as a patient.

Medicaid HMOs

Medicaid HMOs, also known as managed care organizations, contract with the Medicaid Agency to provide a package of health care services. The package of services may include all of the services covered by Medicaid, or it may include only some of the services covered by Medicaid. Medicaid covered services that are outside the scope of services offered by the HMO are reimbursed directly by Medicaid on a fee-for-service basis.

The Medicaid Agency pays the HMOs a capitated rate per member per month. The HMOs may contract with primary care providers, specialists, hospitals, clinics, and other ancillary providers to provide health care to its members. In this contractual arrangement, the HMO pays the health care provider directly for covered services that are provided to its members.

Medicaid Medical Homes Local Networks (PCCMs)

The Medical Homes Local Network (MHLN) Program is a physician-driven managed care entity in which physicians form a board and work with an Administrative Service Organization to deliver coordinated care. The Board and participating primary care physicians receive a per member per month fee, as well as Medicaid fee-for-service payments for covered services provided to enrolled Medicaid recipients. Medicaid recipients who choose to enroll in this program agree to utilize the primary care physician to provide and/or coordinate all of their medical needs. The primary care physician is required to either provide services or authorize another provider to provide the services.

**J040 SC Department of Health &
Environmental Control**

**REVENUE OBJECT CODE
4607, 4875**

DETAIL OF FEES

FY 2010-11

**J040 SC Department of Health &
Environmental Control**

**REVENUE OBJECT CODE
1610**

DETAIL OF FEES

FY 2010-11

**J040 SC Department of Health &
Environmental Control**

**REVENUE OBJECT CODE
3901, 4516**

DETAIL OF FEES

FY 2010-11

Revenue Object Codes

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Contact Phone Number: 803-898-3388

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1	J04	DHEC	3008	Local Funds	7201	Miscellaneous Revenue	Proviso 22.7	Record expenditures that county governments have made in support of the health department	Access to Care	None	Counties provide reports to the agency certifying expenditures made in support of the health department.	\$2,556,428
2	J04	DHEC	3157	Environmental Protection Fees	1634	Radioactive Material License Fees	Section 48-2-10; Reg 61-30	Per 48-2-40 funds are to be available to help defray the cost of administering the regulatory programs under each act enumerated in Section 48-2-30(B)	Land and Waste Management; Radioactive Materials Agreement State Program; Radiological Health	Section 48-2-30 (D)	Land and Waste Mgmt - Radioactive waste generators are charged as follows: Low level Shallow Land Disposal - \$275,000; Low-Level Waste on Site Solid Components-\$5,000; Combination Waste Streams-\$10,000; Low-Level waste processing-less than 200 cubic feet/yr-\$10,000; greater than 200 cubic ft/yr-\$50,000; low-level waste consolidation-\$25,000; Decontamination, Recycling-\$3,000; Decommissioned facility - test reactor-\$500; non-fuel cycle-\$500fuel cycle-\$5,000; naturally occurring -\$5000; rad materials manufacturing-\$27,000; Radiological Health - irradiator-\$5,994; large quantity source material-\$1,250; Industrial radiography-\$1,344; general lisp. for distribution - \$806; medical institution-\$707; teletherapy-\$1,000; industrial gauges-\$344; laboratories-commercial/medical-\$325; gas chromatograph-\$188; services consultants-\$207; bone mineral analyzer-\$432; eye applicator-\$432; medical/academic board licenses-\$2,313; well logging-\$1,125; mobile scanning-\$675; decontamination/nuclear laundry-\$4,375; all other-\$338.	\$1,125,124
3	J04	DHEC	3157	Environmental Protection Fees	1635	Radioactive Waste Transport Permits	Section 48-2-10	Per 48-2-40 funds are to be available to help defray the cost of administering the regulatory programs under each act enumerated in Section 48-2-30(B)	Land and Waste Management	Section 48-2-30(D)	Transporters authorized to haul radioactive waste are charged as follows: Type X annually greater than 75 cubic/ft-\$1,500; Type Y annually less than 75 cubic/ft-\$200; Type Z combination X0r Y, but not for disposal within state-transport only -\$100	\$52,200
4	J04	DHEC	3157	Environmental Protection Fees	1659	Mining Permit Fees	Section 48-20-100 and 48-20-120	Per 48-2-100 funds are to be available to help defray the cost of administering the Mining Program	Land and Waste Management	Section 48-20-100 and 48-20-120	Mine owners are charged \$350 annual operating permit; modifications to mine permits are charged \$600.	\$123,238

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5	J04	DHEC	3157	Environmental Protection Fees	1717	Asbestos Removal Project	Section 44-87-20; Section 44-87-40(B)	Per 44-87-20 and 44-87-40(B) funds are available to administer the cost of the program	Air Quality	Section 44-87-20 and 44-87-40(B)	Minimum charge to the contractor of \$25 and a maximum charge of \$1,000 based on 10 cents per square or linear foot.	\$612,853
6	J04	DHEC	3157	Environmental Protection Fees	1810	Asbestos Abatement License Fees	Section 44-87-20; Section 44-87-40(B)	Per 44-87-20 and 44-87-40(B) funds are available to administer the cost of the program	Air Quality	Section 44-87-20 and 44-87-40(B)	Fees are assessed to contractors, facilities, supervisors, workers, samplers, project designers, building inspectors and management planners. Contractor - \$100/license; Air Sampler-\$100/license; Consultant/Building Inspector - \$100/license; Consultant/Management Planner - R100/license; Consultant/Project Designer - \$100/license; Supervisor (AHERA) - \$50/license; Worker (AHERA or roofer)-\$10/license; Supervisor (Roofer) - \$50/License; Group and Facility O&M ranges from \$25 per license to \$500 depending on number of persons employed	\$144,505
7	J04	DHEC	3157	Environmental Protection Fees	4607	Environmental Fees	Section 48-2-10	Per 48-2-40 funds are to be available to help defray the cost of administering the regulatory programs under each act enumerated in Section 48-2-30(B)	Air Improvement, Water Management, Land and Waste Mgt.	Section 48-2-30(D)	Water Pollution Control-Ann. Op fees based on # of pipes: 5 or less ranges from \$520 to \$1,660, 6 or more = \$1,600 = \$800/pipe over 5; Coverage General Permit = \$100; Municipal Storm Sewer Systems \$10,000-\$25,000, Coverage MSR General Permit = \$2,000; Agric Facilities - Swine \$150 to \$500, Other Animal Operation \$75 or \$150; Indust. NPDES Storm Water General Permit = \$75. Water Qual Certification App. Fees \$100 or \$1,000. Constr Permit Fees; Pretreatment sys = \$200 or \$600, collection Sys from \$100 to \$350, Delegated Proj Rev Program \$75. Wastewater Trtmnt Fac New - \$700 or \$1,050, Expansion \$550 or \$850, Modification w/o expand. engineer rev req entity \$125+100/acre, DHEC not resp entity \$125. Agric Waste Mgt Plan App New or Expanded Swine \$340 to \$2,500, New or Exp. Other Animal \$165 or \$240, Ind. SW No Exposure Cert. \$350 . See Regulation 61-30	\$13,940,349
8	J04	DHEC	3157	Environmental Protection Fees	4608	Infectious Waste Fees	Section 44-93-10	Fees collected under Section 44-93-160 are to be used by the Department to operate the program.	Land and Waste Management	Section 44-93-160 and 44-93-165	Annual fees are charged to generators of infectious waste. Small quantity generators are not charged. Medium quantity generators are charged \$150 annually, Large quantity generators are charged \$600 annually.	\$298,675
9	J04	DHEC	3157	Environmental Protection Fees	4875	Stormwater Permit Fee	Section 48-2-10	Fees collected under Section 44-93-160 are to be used by the Department to operate the program.	Water Quality Improvement- Water Management	Section 48-2-30(D)	The fees vary by permit application. The applicant pays a permit fee outlined in Regulation 61-30 for the review and issuance of a permit.	\$113

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10	J04	DHEC	31S2	Medicaid Asst-ARRA	3901	Medicaid & Medicare Reimbursement	FY 2009 Proviso 90.12; FY 2010 Proviso 90.13	Unobligated state match funds resulting from the receipt of the Federal Medical Assistance Percent are deposited to this account and transferred to the State Treasurer in accordance with Proviso 90.13.	The Health Care Annualization and Maintenance of Effort Fund	FY 2009 Proviso 90.12; FY 2010 Proviso 90.13	As Medicaid & Medicare -reimbursement payments from DHHS the unobligated state match resulting from the receipt of the Federal Medical Assistance Percent are identified and deposited to this subfund and transferred to the State Treasurer (quarterly) in accordance with Proviso 90.13.	\$671,822
11	J04	DHEC	3472	Special Funds	1610	Hospital License Fee	Section 44-7-270,44-69-50,40-25,100(A); Proviso 22.16	Retention of Health Licensing fees as authorized.	Division of Health Licensing and Division of Contraction	Proviso 22.16	Fees are based upon facility type and the number of beds or stations. See attached Word document entitled "Licensing Fees".	\$896,702
12	J04	DHEC	3472	Special Funds	1636	Control Substance Fee	Section 44-53-280 (a) of the SC Code of Laws	Section 44-53-280(a) authorizes DHEC to charge reasonable fees related to the license, and control of the manufacture, distribution and dispensing of controlled substances	Drug Control	Section 44-1-210	S.C. Code Ann. Reg. 61-4 § 103: Fee amounts. The registrant shall pay the appropriate fee for each registration or re-registration: (1) to possess and dispense controlled substances as a pharmacy or health clinic, \$125.00. (2) to possess, dispense and administer controlled substances as a hospital or other institutional practitioner, \$325.00; as an individual practitioner other than a pharmacy or hospital [i.e., physician (medical or osteopathic), dentist, veterinarian, podiatrist, optometrist, physician assistant or nurse practitioner, \$125.00. (3) to conduct research or instructional activities with controlled substances listed in schedule II through V inclusive, the registrant shall pay a fee of \$125.00; controlled substances listed in Schedule I, \$125.00.(4) to manufacture controlled substances, \$650.00; to distribute controlled substances, \$550.00.(5) to conduct chemical analysis with controlled substances listed in any schedule, \$125.00.	\$2,495,729
13	J04	DHEC	3472	Special Funds	1637	Hazardous Waste Storage Fee	Section 48-2-10	Assign health inspectors to serve at commercial hazardous waste treatment storage and disposal facilities	Land and Waste Management	Section 48-2-30 (D)	The cost of the program is borne by the hazardous waste facilities based on a two tiered system of tonnage from the previous year and the number of inspectors assigned to the facility. Fees are generated annually.	\$81,700

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14	J04	DHEC	3472	Special Funds	1718	Underground Petroleum Storage Fees	Section 44-2-60(A)	Requires owner or operator of an underground storage tank to pay an annual registration fee to pay for the cost to administer the program	Water Quality Improvement-Underground Storage Tanks	Section 44-2-60(A)	The cost of the program is borne by annual \$100 per tank permit fee to owner/operator of an underground storage tank.	\$1,160,315
15	J04	DHEC	3472	Special Funds	3801	Refund Prior Year Expenditures	Proviso 22.8	To record a refund from a prior year expenditure	Refunds from prior year balances are used for the same purpose that the funds were initially expended.	Proviso 22.8	Refunds from insurance companies and other providers of service. These refunds are for non-state expenditures.	\$28,303
16	J04	DHEC	3472	Special Funds	3901	Medicaid & Medicare Reimbursement	Proviso 22.4	To record billings for Medicaid/Medicare reimbursable patient services	Multiple clinic and home health activities through out the state for Health Services programs. This is a major source of funding to cover the costs of the services being rendered across the state including life saving care for many clients.	Proviso 22.8; Proviso 22.14	The revenue in this code comes from services that are provided through a large number of programs that provide services to Medicaid /Medicare recipients throughout the state. Some of these services are cost based while others are reimbursed based on DHHS established fees. they are used to pay for staff and other operating costs for providing services. The program specifics are attached in separate documents. The Home Health Program and it's associated Medicaid and Medicare revenue, is not supported by either federal or state funds and must support itself through it's revenue. See attached third party billing documents.	\$13,476,113
17	J04	DHEC	3472	Special Funds	3902	Other Reimbursement-St Agencies	Proviso 22.4	To record receipts from other state agencies to provide services	Multiple contractual services throughout the state	Proviso 22.8; Proviso 22.14	Different contractual arrangements for programs through out the state. Each contract/grant is negotiated separately.	\$672,951

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18	J04	DHEC	3472	Special Funds	4516	Patient Fee	Section 44-1-180	To record billings for private payments for patient services	Multiple clinic and home health activities through out the state for Health Services programs	Proviso 22.8; Proviso 22.14	The revenue in this code comes from services that are provided through a large number of programs that provide services to Medicaid /Medicare recipients throughout the state. Some of these services are cost based while others are reimbursed based on DHHS established fees. they are used to pay for staff and other operating costs for providing services. The program specifics are attached in separate documents. The Home Health Program and it's associated Medicaid and Medicare revenue, is not supported by either federal or state funds and must support itself through it's revenue. See attached third party billing documents.	\$9,979,234
19	J04	DHEC	3472	Special Funds	4603	Laboratory Test Fee	Section 44-1-180	To designate revenue for lab services/testing completed in the Health Services lab.	Infectious Disease, Access to Care and the Health Laboratory	Proviso 22.8; Proviso 22.14	Fees charged for these tests are dependent upon the cost of performing the actual test . These fees are paid by a large number of providers that submit tests to the lab. The fees then cover part of the unfunded costs of operating the lab. these charges are developed based on type and complexity.	\$6,873,707
20	J04	DHEC	3472	Special Funds	4604	Vital Records Fee	Section 44-1-210	To designate revenue for the operation of the Vital Record System	Vital Records (issuing certification); Division of Biostatistics (registration of vital records); Vital Record Administration; Division of Informatics	Section 44-1-210	DHEC Regulation 61-19 Section 43 allows DHEC Vital Records to charge fee for the following schedules. Fees generated shall be retained and expended by the VR program to offset the cost of operations of the Vital Record system. Record search includes one certification -\$12; Additional similar certification of the same record ordered at the same time \$3; Expedited Services (additional to other required fees - \$5; Index verification for government agencies-\$2; Special filling fees (additional to search fee - correction by affidavit -\$15; amended certificate - \$15; Delayed registration of birth - \$15	\$4,417,809
21	J04	DHEC	3472	Special Funds	4605	Septic Tank Permit Fee	Section 44-1-180	Funds are to be available to help defray the cost of administering the Onsite Wastewater Management Regulatory Program	Onsite Wastewater Management	Section 44-1-210	Septic Tank Permit Application Fee; A fee of \$100 is collected for each septic tank permit application submitted. The fee is paid by the applicant or his authorized representative. Septic Tank Cleaners and Installers Initial License Fee (county portion): A fee of \$100 is collected from each license holder engaged in cleaning or installation of septic tank systems. If the license holder is engaged in both the cleaning and the installation of systems, a combined fee of \$150 is collected. The county portion for the fee for the initial license is \$7.50.	\$1,082,193

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22	J04	DHEC	3472	Special Funds	4606	Food Service Inspection Fee	Section 44-1-180	Funds are to be available to help defray the cost of administering the Food Protection, and Foster Home/Day Care Inspections Programs	Food Protection; Onsite Wastewater Management; Foster Home/Day Care Inspections	Section 44-1-210	An initial fee of \$60 is collected from the facility owner for each new food permit. Each existing permitted facility is invoiced annually for a renewal fee, with the fee amount ranging from \$60-\$270, based on annual gross sales of food and food products. Two late penalties of \$25 each may be applied to a renewal fee invoice not paid by the due date. Septic Tank Cleaners and Installers License Renewal Fee: An annual renewal fee of \$100 is collected from each license holder engaged in the cleaning or installation of septic systems. If the license holder is engaged in both cleaning and installation, a combined renewal fee of \$150 is collected. Two late penalties of \$30 each may be applied to a renewal fee invoice not paid by the due date. Inspection fee for foster homes and day care facilities: A fee of \$60 is collected for each inspection. The foster home inspection fee is paid by DSS. The day care inspection fee is paid by the facility operator.	\$2,114,969
23	J04	DHEC	3472	Special Funds	4607	Environmental Fees	Section 48-2-10	Per 48-2-40 funds are to be available to help defray the cost of administering the regulatory program under each act enumerated in Section 48-2-30(B).	Water Quality Management	Section 48-2-30(D)	Fees are assessed for installation of an individual residential well of \$70 and installation of an individual irrigation well of \$50.	\$305,775
24	J04	DHEC	3472	Special Funds	4822	Photocopying Fees	Section 30-4-30	To help defray the cost of administering the Freedom of Information Office	Freedom of Information Office	Proviso 22.14	Section 30-4-30 requires that "the records must be furnished at the lowest possible cost..."	\$85,607
25	J04	DHEC	3472	Special Funds	4849	Alter Critical Area Application Fees	Section 48-39-145	Administrative fee charged for a permit for alteration of a critical area as defined in Section 48-39-10	Wetland Certification Section of OCRM's Regulatory Division	Proviso 22.14	Revenue generated from administrative fees assessed upon application for a permit to alter a critical area as defined in Section 48-39-10. Any individual or entity applying for a Critical Area permit is required to pay this administrative fee. Fees range from \$25 up to \$1000 based on the type of activity requested.	\$280,665

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26	J04	DHEC	3472	Special Funds	5714	Hosp & Nursing Home Penalty	Section 44-7-270,44-69-50,40-25-100(A),44-7-320; 44-1-215;13-7-45,13-7-80,13-7-85; Proviso 22.30	To retain a portion of monetary penalties assed for the operation of the program	Division of Health Licensing, Bureau of Health Facilities and Services Development, and Bureau of Radiological Health	Section 48-2-30(D); Section 44-1-215	"Civil penalties may be collected when health care facilities violate regulations. Penalties are assessed based upon severity of violations, past compliance history, willfulness, and potential for or actual harm." Fees are generated from licenses of radioactive materials and registrants of x-ray equipment and tanning beds. The fees are paid by those same lincensees and registrants.	\$138,535
27	J04	DHEC	3472	Special Funds	6703	Prin Repay Student Loan & School		Contractual arrangement with the Department of Social Services	Dietetic Internships	Contractual obligations	Contract sets the amount of reimbursement.	\$118,860
28	J04	DHEC	3472	Special Funds	7201	Miscellaneous Revenue	Section 44-1-180 through 44-1-200	Collect revenue from a variety of sources that has no other classification	Various programs throughout the agency	Section 44-1-210	Situation dependent	\$37,472
29	J04	DHEC	3472	Special Funds	7221	Misc. Transfer-Other Fund	Proviso 22.23	Allow the Department to collect both state assessment of indirect costs and administrative costs to be retained by the agency to cover the cost of administration.	Administration/Agency business units	Proviso 22.23	Indirect cost rates are determined each year based on the previous fiscal year. This rate is approved by the Budget & Control Board and the federal cognizant agency (DHHS) as a percentage of direct labor costs.	\$15,333,408

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30	J04	DHEC	3472	Special Funds	7283	FY 2009 Proviso 90.13; FY 2010 Proviso 90.13	FY 2009 Proviso 90.12; FY 2010 Proviso 90.13	Allow the Department to monitor the receipt and expenditure of funds transferred from the Department of Health & Human Services in accordance with these provisos	Vaccine Purchases for Underinsured Children, EMS, Environmental Health, Water Quality, Health Regulation, ADAP, Infant Mortality, Babynet, Trauma Centers, Best Chance Network, Chronic Disease, Youth Smoking Prevention, Colorectal Cancer, Camp Burnt Gin, Hemophilia, Rural Hospital, Grants, HIV Prevention, Rural Hospital Equipment/Facilities, USC Rural Health Clinics; Superb Fund	FY 2009 Proviso 90.12; FY 2010 Proviso 90.13	As outlined in the Appropriations Act Proviso	not found
31	J04	DHEC	3472	Special Funds	7425	Motor Pool Charges	Annual Appropriation Act-Revenue Summary	To establish funding for the operation of the agency motor pool	Administration - Motor Pool	Proviso 22.14	Fees are charged based on the cost of parts plus 20% to internal customers for fleet repair and for use of agency vehicles not to exceed the cost of state fleet management.	\$283,875
32	J04	DHEC	3472	Special Funds	7505	Other Grants--Unrestricted	Annual Appropriation Act-Revenue Summary	To provide funding from contracts from public and private entities to provide	Various programs throughout the agency	Contractual obligations	Contract/situation dependent	\$173,038
33	J04	DHEC	3472	Special Funds	7506	Other Operating Grants-Rest	Annual Appropriation Act-Revenue Summary	To provide funding from contracts from public and private entities to provide various health and environmental services	Various programs throughout the agency	Contractual obligations	Contract/situation dependent	\$35,032,706

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Proviso 89.92 Fines & Fees Report: <http://www.scdhec.gov/administrations/docs/fy2011-fees-fine-penalties.pdf>

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34	J04	DHEC	3472	Special Funds	7803	Sale of Services	Annual Appropriation Act- Revenue Summary: Federal Funding agreement	To provide funding from contracts from public entities to provide various health and environmental services at the regional level	Various programs throughout the agency	Proviso 22.14	Funding comes from public and private sources.	\$1,325,322
35	J04	DHEC	3472	Special Funds	7821	Sale of Gasoline	Annual Appropriation Act- Revenue Summary	To provide funding from internal and external customers (state agencies) for the purchase of gasoline to run agency vehicles	Administration Motor Pool	Proviso 22.14	Charges are based on the costs of gasoline to both internal and external (agency) customers.	\$545,946

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Bruce C Busbee
Contact's Phone Number: 803-898-3388
Contact's E-mail Address: Busbeebc@DHEC.SC.GOV

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	J04	DHEC	3008	Local Funds	3302 7201	\$0	\$2,556,428	0.0%	None - This subfund balance is the result of the agency "booking" expenditures that county governments have made in support of the health department. The beginning and ending balances should always equal zero.
2	J04	DHEC	31S2	Medicaid Assistance - ARRA	3901	\$189,444	\$688,488	27.5%	These funds are to be transferred to the State Treasurer in accordance with Proviso 90.13.
3	J04	DHEC	3157	Environmental Protection Funds	1634 1635 1636 1649 1659 1717 1734 1810 3801 3804 4607 4608 4850 4875 7201 7221 7702	\$3,659,354	\$17,547,814	20.9%	All billings do not occur during July, but vary throughout the year. Permit holders have up to 90 days to remit payment which results in several months passing during the fiscal year before funds are received. Therefore, it is necessary to carry sufficient balances forward each year to cover program cost until funds are received. Also, in anticipation of federal budget reductions, staff may be shifted to fees increasing the need to retain funds.

Agency Subfunds
 Cash Balances and Disbursements
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4	J04	DHEC	3472	Special Funds	\$19,356,148	\$106,460,227	18.2%	All billings do not occur during July, but vary throughout the year. This means that several months pass during the fiscal year before funds are received. Therefore, it is necessary to carry sufficient balances forward each year to cover program personnel and operating costs until funds are received. (At the close of the fiscal year there were purchase commitments outstanding. Also, as a result of state budget reductions, staff have been shifted to fees increasing the need to retain funds. Many of these programs provide critical services to clients an have requirements that funds be expended for the programs that generated the revenue.	
5	J04	DHEC	3634	Capital Reserve FD Operating Appropriation	8895	\$43	\$0	#DIV/0!	\$935,000 Capital Reserve Funds were appropriated during FY 08 for the purchase and installation of laboratory equipment. The balance was committed at the end of FY 08 and has been expended.
6	J04	DHEC	3764	Medicaid Assistance Payments	2802 3804 3902 7221	\$9,462,158	\$10,577,300	89.5%	Billings occur throughout the year. This means that several months pass during the fiscal year before funds are received. Therefore, it is necessary to carry sufficient balances forward each year to cover program personnel and operating cost until funds are received.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

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7	J04	DHEC	3826	Environmental Emergency Fund	5710	\$204,813	\$15,521	1319.6%	The fund is financed through the collection and deposit of fines and penalties levied by the Department and are credited to the fund until it reaches \$250,000. Due to the availability of carryforward funds, the Department will only deposit the amount needed to reach the \$250,000 maximum for FY 12. Penalties/fines received thereafter will be deposited to the General Fund.
8	J04	DHEC	3958	Sale of Assets	3801 7221 7820 7853 7854 7859 7861	\$236,788	\$10,829	2186.6%	None
			3998	Camp Burnt Gin					
9	J04	DHEC	41G7	Expedited Review Fund	4607 4875 6601 7221	\$443,788	\$218,902	202.7%	Due to the uncertainty of potential applications for expedited permits and decreased revenue, funds are needed to cover programmatic costs. Due to economic issues, the receipts for expedited permit reviews are not anticipated to increase in FY 12.
10	J04	DHEC	4545	Waste Tire Trust Fund	3801 4609 6601 7221	\$2,459,677	\$1,465,937	167.8%	At the end of FY 11, there were \$813,615 in outstanding commitments against the fund for contracts and sub-grants to local and county governments for the clean-up of stackpiled tires, educational outreach or the development of projects for the advancement of uses for waste tires. Funds for the new fiscal year are not received until appoximately 45 days after the start of the fiscal year. Therefore, it is necessary to carryforward funds to cover commitments and normal program operating costs. Staff have been shifted to these funds due to previous budget reductions, which increases the need to retain them.

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 Cash Balances and Disbursements
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
11	J04	DHEC	4546	Petroleum Fund	3801 4609 6601 7221 7702	\$1,693,693	\$1,288,352	131.5%	At the end of FY 11, there were outstanding commitments of \$429,826 against the fund of which many were for contracts and sub-grants to local and county governments, schools, colleges, and universities for public outreach and research. Funds for the new fiscal year are not received until approximately 45 days after the start of the fiscal year. Therefore it is necessary to carryforward funds to cover open commitments and normal program operating costs. Staff have been shifted to these funds because of previous budget reductions, which increases the need to retain them.
12	J04	DHEC	4865	Solid Waste Mgmt Trust Fund	3801 4609 4829 6601 7221 7702	\$1,709,921	\$2,716,203	63.0%	At the end of FY 11, there were \$336,742 in outstanding commitments against the fund of which were for contracts and sub-grants to the Dept. of Commerce and local and county governments to implement recycling programs, solid disposal and recycling education. Funds for the new fiscal year are not received until approximately 45 days after the start of the fiscal year. Therefore, it is necessary to carryforward funds to cover open commitments and normal program operating costs. Also, staff have been shifted to these funds because of previous budget reductions, which increases the need to retain them.
13	J04	DHEC	47K4	Smoking Prevention Trust Fund		\$0	\$0	#DIV/0!	

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: David A. Schaefer
Contact Phone Number: 898-8343
Contact E-mail Address: das26@scdmh.org

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	J12	DMH	3037	Special Deposits	2605	Fees and Receipts Other	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenue received from private individuals or organizations.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is received from private individuals or organizations for building or construction projects.	\$0
2	J12	DMH	3037	Special Deposits	2822	Federal Operating Grants	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenue that is restricted by the grantor for use in a particular function.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from federal operating grants which are restricted by the grantor to be used for a particular function.	\$27,685
3	J12	DMH	3037	Special Deposits	7201	Misc. Revenue	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues received from private sector individuals or businesses.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from client services.	\$29,287
4	J12	DMH	3037	Special Deposits	7506	Other Operating Grants-Re	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues received from non-federal grants.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from non-federal grants from private foundations and state agencies, such as the Duke Endowment Grant, to be used for specific purposes.	\$3,375,362

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J12	DMH	3037	Special Deposits	7606	General Contributions & Donations	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record general contributions and donations received from private individuals or organizations.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Donations and contributions are generated from private individuals or organizations.	\$110,500
J12	DMH	3037	Special Deposits	7803	Sale of Services	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues received from the sale of services.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through the sale of services such as school district contracts.	\$75,335
J12	DMH	3037	Special Deposits	7851	Sale of Land (Capitalized)	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues received from the sale of land.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through the sale of capitalized land.	\$0
J12	DMH	31S2	Medicaid Assistance - ARRA	3901	Medicaid & Medicare Reimb	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.17 - Carry Forward Unobligated Funds of the FY 12 Appropriations Act	Used to record Medicaid revenues received from the Department of Health and Human Services.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.17 - Carry Forward Unobligated Funds of the FY 12 Appropriations Act.	Revenue is generated through reimbursement from DHHS for services provided to Medicaid clients. This revenue is transferred back to the State Treasurer's Office per Proviso 90.13 of the FY 2010 Appropriations Act.	\$7,019,151

Revenue Object Codes

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J12	DMH	31S2	Medicaid Assistance - ARRA	4001	Alloc from State Agencies	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.17 - Carry Forward Unobligated Funds of the FY 12 Appropriations Act	Used to record revenues received from other State Agencies	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.17 - Carry Forward Unobligated Funds of the FY 12 Appropriations Act.	Revenue is generated through reimbursement from DHHS for services provided to Medicaid clients.	\$0
J12	DMH	3466	Operation of Clinic	3302	Alloc from Counties	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record appropriations from county governments.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through appropriations allocated from counties.	\$3,503,554
J12	DMH	3466	Operation of Clinic	3901	Medicaid & Medicare Reimb	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues from Medicaid/Medicare.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from reimbursements received from Medicare reimbursed clients.	\$2,965,269
J12	DMH	3466	Operation of Clinic	4516	Patient Fee	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues from self-pay individuals.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from fees collected from self-pay clients.	\$3,263,793

Revenue Object Codes

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13	J12	DMH	3466	Operation of Clinic	4850	Miscellaneous Fee	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenues received from miscellaneous fees.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from miscellaneous fees such as service agreements with other state agencies.	\$323,661
14	J12	DMH	3466	Operation of Clinic	7201	Misc. Revenue	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues received from private sector individuals or businesses.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from service contracts & agreements with other entities.	\$468,720
15	J12	DMH	3466	Operation of Clinic	7401	Rent-Residence	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenues received from rent.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through rent received.	\$755,941
16	J12	DMH	3466	Operation of Clinic	7506	Grants & Contributions - Private	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenue received through private grants and contributions.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through grants and contributions received from the private sector.	\$119,171

Revenue Object Codes

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J12	DMH	3466	Operation of Clinic	7702	Insurance Claims	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues from insurance providers.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from client related claims received from insurance companies.	\$44,093
J12	DMH	3466	Operation of Clinic	7803	Sale of Services	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenue received through the sale of services.	Community Mental Health Centers.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through the sale of services such as transportation of non-Medicaid clients, school district contracts, and other services contracts.	\$3,125,280
J12	DMH	3467	Drug Addicts Treat & Rehab	5701	Court Fine	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the allocation of fines received from Court Administration.	Morris Village	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from DMH's Alcohol & Drug program through fines received from Court Administration.	\$1,670,017
J12	DMH	36H6	Health Care Annualization	7284	Health Care MOE Funds	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 90.18 - Health Care Maintenance of Effort Funding of the FY 12 Appropriations Act	Use to record revenue received through Proviso 90.18.	Inpatient Facilities	Proviso 90.18 - Health Care Maintenance of Effort Funding of the FY 12 Appropriations Act	Non-recurring revenue transferred from the State Treasurer's Office pursuant to FY 2012 Proviso 90.18.	\$9,500,000

Revenue Object Codes

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21	J12	DMH	3740	Patient Care & Maint Rev	3901	Medicaid & Medicare Reimb	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act	Used to record the receipt of Medicare, private pay, and insurance reimbursements for the DMH inpatient facilities.	Inpatient Facilities, Continuum of Care, Alliance for the Mentally Ill, SC Share, and the New Day Clubhouse.	Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act	Revenue is generated through reimbursements received from Medicare reimbursed clients, private pay clients, and insurance within our Inpatient facilities.	\$3,661,882
22	J12	DMH	3740	Patient Care & Maint Rev	4516	Patient Fee	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act	Used to record revenues from self-pay individuals.	Inpatient Facilities	Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act	Revenue is generated from fees collected from self-pay clients.	\$8,626,317
23	J12	DMH	3743	Uncomp Patient Care Fund	7221	Misc. Transfer - Other Fund	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.15 - Uncompensated Patient Medical Care of the FY 12 Appropriations Act	Used to record the allocation of funds to cover the medical costs for patients transferred to private hospitals.	Inpatient Facilities	Proviso 23.15 - Uncompensated Patient Medical Care of the FY 12 Appropriations Act	This fund is used for medical costs incurred for patients that must be transferred to a private hospital for services.	\$671,266
24	J12	DMH	3757	Operating Revenue	2803	Fee-Federal Agencies	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record Veterans Administration revenues from Nursing Homes.	Nursing Homes	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from fees received from Veterans Administration reimbursed clients within DMH Nursing Homes.	\$16,348,031

Revenue Object Codes

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J12	DMH	3757	Operating Revenue	3801	Refund Prior Yr Expenditure	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues from Medicaid for inpatient facilities/community mental health centers and Veteran's Administration for nursing home clients.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from refunds relating to prior year expenditures.	\$6,354
J12	DMH	3757	Operating Revenue	3901	Medicaid & Medicare Reimb	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues from Medicaid for inpatient facilities/community mental health centers and Veteran's Administration for nursing home clients.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from reimbursements received from Medicaid.	\$1,100,860
J12	DMH	3757	Operating Revenue	3902	Other Reimb - State Agencies	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record other revenues received from state agencies.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through reimbursements received from Medicaid.	\$16,690

Revenue Object Codes

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J12	DMH	3757	Operating Revenue	4001	Allocation from State Agencies	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 90.13 - Health and Human Services Funding of the FY 10 Appropriations Act	Used to record revenues received from other State Agencies	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 90.13 - Health and Human Services Funding of the FY 10 Appropriations Act	Revenue generated through Proviso 90.13 of the FY 2010 Appropriations Act.	\$0
J12	DMH	3757	Operating Revenue	4516	Patient Fee	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenues received through patient fees.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from fees received from patients. Revenue collected from paying patients. Includes payments received directly or indirectly from Social Security Administration or other retirement plans for the benefit of patients.	\$70,542
J12	DMH	3757	Operating Revenue	4850	Miscellaneous Fee	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenues received from miscellaneous fees.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from miscellaneous fees such as service agreements with other state agencies and within DMH. This includes Public Safety services provided to Columbia Area Mental Health and DDSN.	\$129,776
J12	DMH	3757	Operating Revenue	7221	Misc Transfer - Other Fund	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the transfer of revenue between other funds.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue generated through Proviso 90.13 of the FY 2010 Appropriations Act. \$9,500,000 of revenue is generated through a cash transfer per the Proviso. The total appropriated was \$19,000,000. The remaining \$9,500,000 was received as revenue (see Subfund 3757 revenue object code 4001). All other revenue is generated through transfers between funds 3757 and 3764 due to the establishment of 3764 as the new Medicaid Subfund.	\$0

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
J12	DMH	3757	Operating Revenue	7403	Rent-State Owned Property	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the receipt of rent received from state owned property.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through the rent received from state owned property.	\$704,042
J12	DMH	3757	Operating Revenue	7702	Insurance Claims	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenue received from insurance claims.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from client related claims received from insurance companies.	\$37,143
J12	DMH	3757	Operating Revenue	7803	Sale of Services	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenues received from the sale of services.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from inpatient facilities.	\$814,975
J12	DMH	3757	Operating Revenue	7805	Sale of Meals	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record the revenues received from the sale of meals.	Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated from the sale of meals from Nutritional Services.	\$169,326

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
36	J12	DMH	3764	Medicaid Assistance Payments	2802	Indirect Cost	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act Used to record the indirect cost for Medicaid payments received from DHHS.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	The offsetting account for Indirect Cost posted to Subfund 3764, object code 7210 in the amount of (\$3,029,373). The net affect is \$0.	\$3,029,373
37	J12	DMH	3764	Medicaid Assistance Payments	3901	Medicaid & Medicare Reimb	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act Used to record revenues from Medicaid for inpatient facilities/community mental health centers and Veteran's Administration for nursing home clients.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through reimbursements received from DHHS for Medicaid clients.	\$130,610,519
38	J12	DMH	3764	Medicaid Assistance Payments	7221	Misc Transfer - Other Fund	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act Used to record the transfer of revenue between other funds.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through transfers between funds.	\$4,989,673
39	J12	DMH	3764	Medicaid Assistance Payments	7506	Other Operating Grants-Re	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act Used to record the revenue received through private grants and contributions.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is generated through grants and contributions received from the private sector.	\$14,754,386

Revenue Object Codes

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	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
40	J12	DMH	3764	Medicaid Assistance Payments	7802	Sale of Goods	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Used to record revenues from the sale of goods.	Community Mental Health Centers, Inpatient Facilities and Support Services.	Proviso 23.4 - Institution Generated Funds of the FY 12 Appropriations Act	Revenue is received from the sale of goods which were purchased or processed for resale.	\$0
41	J12	DMH	3779	Medicaid Assistance Payments	7221	Misc Transfer - Other Fund	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.2 - Paying Patient Account & Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act	Used to record the transfer of revenue between other funds.	Inpatient Facilities and Support Services.	Proviso 23.2 - Paying Patient Account & Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act.	Revenue is generated through transfers between funds.	\$562,036
42	J12	DMH	3779	Paying Patient Account	7265	Transf Rev-Fees/Operation	Title 44 Chapter 11 of the South Carolina Code of Laws Proviso 23.2 - Paying Patient Account & Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act	This is earned revenue initially recorded in Subfund 3740.	Inpatient Facilities, Alliance for the Mentally Ill, SC Share, and the New Day Clubhouse.	Proviso 23.2 - Paying Patient Account & Proviso 23.3 - Patient Fee Account of the FY 12 Appropriations Act.	Revenue is generated through reimbursements received from Medicare reimbursed clients, private pay clients, and insurance within our Inpatient facilities.	\$6,857,874

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: David A. Schaefer
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	J12	DMH	3037	Special Deposits	2605 2806 2822 3801 4516 4850 6507 7201 7506 7604 7606 7803	\$9,580,753	\$2,388,342	401.1%	SFY 11 Proviso 23.4 (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted. Cash balances include revenue from multi-year non-federal contracts, multi-year non-federal grants and the sale of land. All cash balances must be used according to specific legal stipulations or contractual regulations. These funds are not unobligated reserves.
2	J12	DMH	31S2	Medicaid Assistance - ARRA	3901 4516	\$731,415	\$6,453,047	11.3%	SFY 11 Proviso 23.17 (DMH: Carry Forward Unobligated Funds) The Department of Mental Health is authorized to carry forward from the prior fiscal year into the current fiscal year, unobligated funds resulting from additional payments received from the increased Federal Medical Assistance Percentage provided by the American Recovery and Reinvestment Act of 2009 to be used for inpatient hospital services. These funds are not unobligated reserves.
3	J12	DMH	3466	Operation of Clinics	2605 2803 2806 3302 3801 3802 3804 3901 3902 4516 4822 4850 4872 5723 7201 7221 7401 7403 7407 7506 7604 7702 7802 7803 7813 7823 7825 7902	\$1,120,053	\$13,442,392	8.3%	SFY 11 Proviso 23.4 (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted. All available cash balances are included in the DMH operational budget for the current year. These funds are not unobligated reserves.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

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4	J12	DMH	3467	Drug Addicts Treat & Rehab	3801 5701 7221	\$141,256	\$1,695,074	8.3%	SFY 11 Proviso 23.4 (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted. All available cash balances are included in the DMH operational budget for the current year. These funds are not unobligated reserves.
5	J12	DMH	36H6	Health Care Annualization	7284	\$6,555	\$9,493,445	0.1%	SFY 11 Proviso 90.18 (SR: Health Care Maintenance of Effort Funding) Unexpended funds appropriated pursuant to this provision may be carried forward to succeeding fiscal years and expended for the same purposes. These funds are not unobligated reserves.
6	J12	DMH	3740	Patient Care & Maint Rev	2803 3901 4516 7221	\$193,776	\$0	#DIV/0!	SFY 11 Proviso 23.3 (DMH: Patient Fee Account) The Department of Mental Health is hereby authorized during the current fiscal year to provide funds budgeted herein for departmental operations. No expenditures are incurred in this subfund. This subfund is used as a clearing account. Revenues received are transferred to other subfunds. These funds are not unobligated reserves.
7	J12	DMH	3743	Uncompensated Patient Care	7221	\$14,073	\$657,193	2.1%	SFY 11 Proviso 23.15 (DMH: Uncompensated Patient Medical Care) This fund is to be used by the Department for medical costs incurred for patients that must be transferred to a private hospital for services. These funds may be carried forward from the prior fiscal year into the current fiscal year to be used for the same purpose. These funds are not unobligated reserves.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

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8	J12	DMH	3757	Operating Revenue	2605 2802 2803 3801 3901 3902 4516 4822 4850 5711 5723 5760 7201 7221 7234 7403 7702 7803 7805 7813 7823 7825	\$20,417,999	\$19,340,171	105.6%	<p>SFY 11 Proviso 23.4 (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted.</p> <p>Cash balance in Subfund 3757 includes \$18,806,000 in funds set aside for the renovation of William S. Hall Psychiatric Institute (Children's Hospital).</p> <p>The FY 2010-11 Year End Cash Balance excluding the Children's Hospital Set Aside is \$1,611,999. The Cash Balance as a % of Disbursements excluding the Children's Hospital Set Aside is 8.3%.</p> <p>All available cash balances are included in the DMH operational budget for the current year.</p> <p>These funds are not unobligated reserves.</p>
9	J12	DMH	3764	Medicaid Assistance Payments	2605 2802 3801 3901 4516 4822 4850 7201 7210 7221 7506 7702 7802 7803 7823	\$37,394,055	\$130,164,006	28.7%	<p>SFY 11 Proviso 23.4 (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted.</p> <p>The ending cash balance is primarily prior year(s) cost settlements.</p> <p>All available cash balances are included in the DMH operational budget for the current year.</p> <p>These funds are not unobligated reserves.</p>

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
10	J12	DMH	3779	Paying Patient Account	3801 7221 7265	\$11,991	\$7,434,408	0.2%	<p>SFY 11 Proviso 23.2 (DMH: Paying Patient Account) The Department is directed during the current fiscal year to remit to the General Fund of the State the amount of \$3,400,000 to be paid from the surplus funds in the paying patient account which has been previously designated for capital improvements and debt service.</p> <p>SFY 11 Proviso 23.3 (DMH: Patient Fee Account) The Department of Mental Health is authorized during the current fiscal year to provide the funds budgeted for departmental operations.</p> <p>All available cash balances are included in the DMH operational budget for the current year.</p> <p>These funds are not unobligated reserves.</p>
11	J12	DMH	3958	Sale of Assets	7221 7853 7854 7858 7861	\$0	\$295,969	0.0%	<p>SFY 11 Proviso 23.4 (DMH: Institution Generated Funds) The Department of Mental Health is authorized to retain and expend institution generated funds which are budgeted.</p>

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Tom Waring
Contact Phone Number: Phone # 803-898-9792
Contact E-mail Address: E-mail TWaring@ddsn.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
J16	DDSN	31S2	Medicaid Assistance - ARRA	3901	Medicaid & Medicaid Reimbursement	American Recovery and Reinvestment Act of 2009 (ARRA)	Increased FMAP earnings.	All these funds earned prior to 12/31/10 were returned to DHHS in accordance with Proviso 90.21.	N/A	The ARRA provides funds to States through an increase in the Federal Medical Assistance Percentage (FMAP) formula - the formula that generally determines the Federal share of Medicaid expenditures. Source: American Recovery and Reinvestment Act of 2009 Section 5001: Increased Federal Medical Assistance Percentage.	\$31,001,436
J16	DDSN	3149	Maintenance Repair Renovations - Non-Capital	7702	Insurance Claims	Proviso 24.1 of the 2011-12 Appropriation Act.	This account is used for insurance settlements on various properties in which DDSN has filed claims. The claims result from events such as storm damage and vehicle accidents. Proceeds from the claims are used to repair or replace the damaged property.	DDSN Regional Centers and local departmental owned facilities.	Proviso 89.57 of the 2011-12 Appropriation Act gives agencies the authority to utilize insurance reimbursement to offset expenses related to insurance claims. The funds may be retained, expended, and carried forward.	Property damage claims are submitted to recover losses. Once claims are approved, revenue is generated from proceeds paid from the Insurance Reserve Fund. Cash balances exist in this account due to timing differences in the collection of revenue and the repairs.	\$18,570
J16	DDSN	3469	Work Activities (Work Shop)	7802	Sale of Goods	Proviso 24.1 of the 2011-12 Appropriation Act.	Retain revenue derived from production contracts earned by DDSN consumers. Revenue is used for regular operating needs and to provide permanent improvements for the Work Activity Program.	DDSN consumers who participate in Work Activity Centers/Work Shops benefit from this program. This program is part of our Regional Centers Residential program.	Proviso 24.1 of the 2011-12 Appropriation Act.	Revenue is generated from private vendors who do business with DDSN, which specifically provides work opportunities for consumers served by the department.	\$119,355

Revenue Object Codes

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4	J16	DDSN	36H6	Medicaid Assistance - ARRA	7284	Health Care MOE Funds	Proviso 90.18 (Health Care Maintenance of Effort Funding) of the 2010 - 11 Appropriation Act.	Funds disbursed from the State Treasurer's office as directed in Proviso 90.18.	Agency operating expenses to include \$1,250,000 for Early Intervention Services for three to five year olds.	Proviso 90.18 (Health Care Maintenance of Effort Funding)	Non-recurring funds generated by Proviso 90.18 of the 2010-11 Appropriation Act directing the State Treasurer's Office to disburse/transfer funds to DDSN for agency operating expenses to and Early Intervention services for three to five year olds.	\$21,380,141
5	J16	DDSN	3757	Operating Revenue	4001	Allocations from State Agencies	Proviso 90.21 of the 2010-11 Appropriation Act.	Funds disbursed /transferred from the Department of Health and Human Services as directed in Proviso 90.21.	Agency operating expenses for services across all programs.	There is no carry forward authority. Funds are to be expended in accordance with Proviso 90.21,	Non-recurring funds generated by Proviso 90.18 of the 2010-11 Appropriation Act directing the Department of Health and Human Services to disburse/transfer funds to DDSN for agency operating expenses.	\$19,000,000
6	J16	DDSN	3757	Operating Revenue	3801	Refund Prior Yr Expenditures	Proviso 24.6 of the 2011-12 Appropriation Act	Receive and retain revenue related to prior year expenditures.	Regular operating expenses across all programs and division of the agency. May vary from one fiscal year to another	Proviso 24.6 of the 2011-12 Appropriation Act.	Revenue is generated from refunds of prior year expenditures that were paid from the 3757 subfund.	\$123,980
7	J16	DDSN	3757	Operating Revenue	3902	Other Reimbursements - Other State Agencies	Proviso 24.6 of the 2011-12 Appropriation Act.	Receive revenue related to cost sharing agreements with other state/local agencies.	Early Intervention program, adult development program, regional centers program.	Proviso 24.6 of the 2011-12 Appropriation Act.	Revenue is generated from contractual agreements with First Steps (BabyNet), Laurens County School District 56, as well as by cost sharing agreements with other state agencies such as Vocational Rehabilitation.	\$1,625,578
8	J16	DDSN	3757	Operating Revenue	5701	Court Fines	Section 56-5-2995; Section 14-1-201	Additional assessment charged to persons convicted of driving under the influence. Revenue is shared between DDSN and DHEC.	Head and Spinal Cord Injury Family Support Program.	Funds are expended in the year earned.	Funds are generated by an additional assessment of \$12 charged to people convicted of DUI of intoxicating liquors or drugs. DDSN receives 84% or \$10 of each fine assessed; DHEC receives 16% or \$2.	\$118,425

Revenue Object Codes

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9	J16	DDSN	3757	Operating Revenue	7201	Miscellaneous Revenue	Proviso 24.6 of the 2011-12 Appropriation Act.	Receive revenue related to reimbursement of services from outside entities.	Regular operating expenses across all programs and divisions of the agency. May vary from one fiscal year to another.	Proviso 24.6 of the 2011-12 Appropriation Act.	Revenue is generated from isolated, non-recurring miscellaneous receipts that cannot otherwise be specifically classified under another revenue object code.	\$506,293
10	J16	DDSN	3757	Operating Revenue	7205	Deposits by Private Entities	Proviso 24.6 of the 2011-12 Appropriation Act.	Funds are used to provide services to consumers waiting for services.	Consumers living in the community benefit from this program and receive day activities through the Adult Development program.	Proviso 24.6 of the 2010-11 Appropriation Act.	Funds are received from private entities to defray expenses incurred by the department in rendering services to the private entity.	\$257,424
11	J16	DDSN	3764	Operating Revenue	3901	Medicaid & Medicare Reimbursement	Section 44-20-270 of the S.C. Code of Laws.	This account is necessary to receive funds generated from services rendered and billed to Medicaid.	Regular operating expenses across all programs and divisions of the agency.	Proviso 24.4 of the 2011-12 Appropriation Act.	On a monthly basis, the department bills for services rendered and receives Medicaid reimbursement.	\$295,668,717

Revenue Object Codes

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12	J16	DDSN	37C2	Sale of Real Property	7851	Sale of Land (Capitalized)	Proviso 24.2 of the 2011-12 Appropriation Act.	Retain revenue associated with the sale of excess real property owned by, under the control of, or assigned to the department and may expend these funds as grants to purchase or build community residences and day program facilities for the individuals DDSN serves.	Consumers living in the community benefit from these funds.	Proviso 24.2 of the 2010-11 Appropriation Act.	Revenue is generated through the sale of excess real property which could include land or buildings.	\$135,198
13	J16	DDSN	4973	Education Improvement Act of 1984	4005	Allocations Education Improvement Act	Section 2-7-66	Funding for salaries/fringe benefits for teachers and instructional staff at DDSN's regional centers.	DDSN Regional Centers.	Funds are not carried forward in this account. Unexpended funds are returned to the Department of Education through an interdepartmental transfer.	Funds are received from the Department of Education to fund the teachers and aides who provide education training to consumers residing in DDSN regional centers.	\$583,942

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

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1	J16	DDSN	31S2	Medicaid Assistance - ARRA	3901	\$11,000,000	\$20,001,436	55.0%	Proviso 24.15 (DDSN: FMAP Extension Carry Forward) authorized the department to carry forward the funds received as a result of the January through June 2011 federal extension of the increased FMAP. The department is authorized to use the funds to maintain current service levels, to support Traumatic Brain or Spinal Cord Injury Post-Acute Rehabilitation, systems enhancements of the assessment process and the monitoring and documentation process for home and community based services in order to increase efficiency and reduce fraud and abuse.
2	J16	DDSN	3149	Maintenance Repair Renovations - Non-Capital	7221 7702	\$14,770	\$74,051	19.9%	The timing involved with filing claims, receiving reimbursement from the Insurance Reserve Fund and then repairing damages results in temporary cash balances. The cash balance is needed to complete repairs in the subsequent fiscal year.
3	J16	DDSN	3464	Special Contributions	6605 7221 7604 7605	\$97,700	\$24,937	391.8%	Utilization of these funds is limited to expenses outside of normal operating expenses. Because of the departmental restriction placed on these funds, cash balances will vary from year to year. Section 44-20-320 of the SC Code of Laws allows the department to receive gifts, bequests and donations from private entities/individuals.
4	J16	DDSN	3469	Work Activities (Work Shop)	7802 7803 7823	\$120,601	\$89,051	135.4%	The carry forward balance is needed for two reasons: 1) to provide working capital to keep production on an even pace and 2) to provide for the purchase of needed equipment. It could take several months of income generated from work contracts to attain enough cash to purchase needed equipment. Proviso 24.1 of the FY 2011-12 Appropriation Act authorizes the department to retain revenue derived from production contracts earned by DDSN consumers to be used for regular operating needs and provide permanent improvements for the Work Activity Program.

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 Cash Balances and Disbursements
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
5	J16	DDSN	3757	Operating Revenue	2802 3801 3902 4516 4829 5701 5711 7201 7205 7211 7221 7265 7403 7404 7811 7823	(\$70)	\$44,415,258	0.0%	Flexibility is needed in order to maintain cash flow. Cash flow is needed due to time lags in collection of revenue. Proviso 24.6 of the FY 2011-12 Appropriation Act authorizes the department to continue to expend departmental generated revenues. Carryforward amount is less than one-sixth of the amount disbursed during FY 11.
6	J16	DDSN	3764	Medicaid Asst. Payments	3801 3901 3902	\$161,823	\$295,940,510	0.1%	Since the department's budget is comprised of approximately 60% Medicaid funding, flexibility is needed in order to maintain cash flow. Cash flow is needed due to time lags in collection of revenue as a result of a 45 to 60 day Medicaid billing cycle. Proviso 24.4 of the FY 2011-12 Appropriation Act authorizes the department to carry forward Medicaid revenue. The purpose of the proviso is to allow the agency flexibility in working with DHHS to settle costs related to DDSN cost reports, the settlement of which occurs in subsequent years. Carryforward amount is less than one-sixth of the amount disbursed during FY 11.
7	J16	DDSN	37C2	Sale of Real Property	7851	\$135,198	\$0	#DIV/0!	The department is authorized to retain revenues associated with the sale of excess real property owned by, under the control of or assigned to the department and may expend these funds as grants to purchase or build community residences and day program facilities for the individuals DDSN serves. Proviso 24.2 of the 2011-2012 Appropriation Act authorizes the use of these funds.
8	J16	DDSN	3958	Sale of Assets	7820 7853 7854 7861	\$28,917	\$9,369	308.6%	Assets deemed no longer useful or obsolete are turned over to General Services and designated as surplus property. Net proceeds from the sale of surplus property is returned to the department. The department accumulates funds in this account to purchase assets used in the care of consumers.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Tom Waring
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Contact's E-mail Address: Twaring@ddsn.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
9	J16	DDSN	3408	Canteen Fund	7825	\$4,126	\$1,957	210.8%	Cash collected in this subfund is generated from vending machines and allows the agency to collect and expend revenue for DDSN regional center consumers. DDSN consumers use the canteens and vending machines as part of meeting objectives related to individualized treatment plans and the use of their personal funds each month. Funds are accumulated in this account so the department can cover needs related to consumer care. Proviso 24.6 of the 2011-2012 Appropriation Act and Section 44-20-30 (5) (1976, amended 1990; 1993) authorize the agency to carry forward the funds.
10	J16	DDSN	4973	Education Improvement Act of 1984	4005	\$208,607	\$555,046	37.6%	Funds are not carried forward in this account. Unexpended funds are returned to the Department of Education through an interdepartmental transfer.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Sharon Peterson
Contact Phone Number: (803) 896-5547
Contact E-mail Address: speterson@daodas.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	J20	DAODAS	3037	Special Deposits	3902	Other Reimbursements-State Agencies		Utilization Review Reimbursements	Services-Staff Personnel and Operating		No revenue is generated. Funds received per annual contract with SC Dept of Health and Human Services.	\$97,691
2	J20	DAODAS	3037	Special Deposits	4001	Allocation from State Agencies		Misc Revenue/ Allocation from St. Agency	AET, SBG, Infrastructure		No revenue is generated.	\$0
3	J20	DAODAS	3037	Special Deposits	4829	Registration Fees	Agency Proviso 25.1	Training Registration Fees	Finance and Operations-Operating costs/ supplies for trainings	Agency Proviso 25.1	Registration fees are charged to attendees for trainings offered by DAODAS. Fees assessed vary with each training. Funds generated are used for workforce development.	\$54,018
4	J20	DAODAS	3037	Special Deposits	7201	Miscellaneous Revenue		Misc Revenue/Training operating	Finance and Operations-operating costs/ supplies for trainings		No revenue generated. Funds transferred from agency funds to support trainings.	\$1,708
5	J20	DAODAS	3037	Special Deposits	7503	Contributions		Medicaid Match	Medicaid Match		Medicaid Match received from local providers transferred to SC Dept of Health and Human Services.	\$753,396
6	J20	DAODAS	3037	Special Deposits	7605	General Operating Contributions and Donations	Agency Proviso 25.1	Training Sponsorships	Finance and Operations-operating costs/ supplies for trainings	Agency Proviso 25.1	Businesses or other agencies provide sponsorships or scholarships for various trainings conducted by DAODAS.	\$200
7	J20	DAODAS	3056	Contracts	4001	Allocation from State Agencies	44-49-40(F) Code of Laws of South Carolina	Tobacco	Finance and Operations-Prevention activities sub granted to local alcohol and drug abuse entities	44-49-40(F) Code of Laws of South Carolina	Contract with DHEC (ended June 2009) to conduct compliance checks for illegal sales of tobacco products to minors, and promote and strengthen tobacco merchant education. Funds have been depleted.	\$0
8	J20	DAODAS	3056	Contracts	7506	Other Operating Grants	44-49-40(F) Code of Laws of South Carolina	Other Operating Grants	Finance and Operations - Statistical data collection to support effective Treatment Services	44-49-40(F) Code of Laws of South Carolina	No revenue generated. Funds received from contracts: SOMMS and DASIS are annual contracts with Synectics for the purposes of substance abuse statistical data collection and reporting.	\$61,897

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
J20	DAODAS	31S2	Medicaid Assistance	7221	Allocation from State Agencies		Medicaid FMAP	Finance and Operations-Treatment activities for internal operations or sub granted to local alcohol and drug abuse entities		Funds received from the SC Dept of Health and Human Services as a result of the rate change (ARRA) of expenditures from October - Dec 2009.	\$0
J20	DAODAS	3764	Operating Revenue	3901	Medicaid and Medicaid Reimbursement	44-49-40(F) Code of Laws of South Carolina	Medicaid	Finance and Operations-Treatment activities for internal operations or sub granted to local alcohol and drug abuse entities	44-49-40(F) Code of Laws of South Carolina	No revenue generated. Funds received per annual contract with SC DHHS.	\$1,135,222

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Sharon Peterson
Contact's Phone Number: (803) 896-5547
Contact's E-mail Address: speterson@daodas.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	J20	DAODAS	3037	Special Deposits	3902; 4001; 4829; 7201; 7503; 7506; 7605	\$813,768	\$198,094	410.8%	The balance is result of the timing of the Medicaid match. Funds will be exhausted by 2012 fiscal year end.
2	J20	DAODAS	3056	Contracts	4001; 7506	\$163,042	\$125,470	129.9%	Two contracts stipulate revenue to be received quarterly and two contracts stipulate revenue to be received semi annually. It is necessary to carry forward funds to cover expenses while awaiting revenue.
3	J20	DAODAS	31S2	Medicaid Assistance	4001	\$0	\$7,693	0.0%	Balance is a result of revenue received for the change in the ARRA Medicaid Match Rate. Funds have been exhausted.
4	J20	DAODAS	3764	Medicaid Assistance Pymts	3901	\$152,561	\$1,105,331	13.8%	Medicaid revenue is made available once the contract is finalized. Historically, the contract has been finalized after the fiscal year begins. Therefore it is necessary to carry forward funds to be used to cover cost for the first quarter of the fiscal year.
5	J20	DAODAS	3958	Sale of Assets	7861	\$238	\$0	#DIV/0!	Funds are used to buy like kind items.
6	J20	DAODAS	43B1	Education Lottery Account	5105; 7221	\$3,075	\$90,388	3.4%	Contracts are awarded at the beginning of the state fiscal year and payments are made monthly. Therefore, it is necessary to carry forward a balance greater than one-sixth to cover expenditures for the entire fiscal year.

Revenue Object Codes

Arrange From- Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Paul Lewis
Contact Phone Number: Phone # 896-8605
Contact E-mail Address: E-mail paullewis@scdps.net

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount's). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	K05	DPS	3035	Operating Revenue	1703	Gun Lic-Priv Det Sec	Proviso 48.12 & 49.2 of FY 11-12 Approp. Act	Authorizes DPS to provide additional security in the Capital Complex area.	Bureau of Protective Services	Proviso 49.2 of FY 11-12 Approp. Act	SLED charges and collects additional license and registration fees for private detective businesses, private security businesses, including employees of these businesses, and companies which provide private security on their own premises.	\$542,215
2	K05	DPS	3035	Operating Revenue	3902	Other Reimb-St Agencies	Section 23-6-90 of the SC Code of Laws	Authorizes DPS to provide officers necessary to maintain the security of the Governor's Mansion Compound, State Capitol Building & Complex & other state buildings	Bureau of Protective Services	Proviso 49.2 of FY 11-12 Approp. Act	DPS and the agency to be secured implement a contract for one year that commits the Agency to reimbursing DPS for the cost of providing the security.	\$1,830,255
3	K05	DPS	3198	Motor Carrier-Other Oper	1677	Interstate Motor Carrier	Articles 3 and 5 of Chapter 23 of Title 58, Section 23-6-185	Authorizes STP to enforce Motor Carrier Laws	State Transport Police	Section 23-6-185	By Motor Carrier Registration Fees collected by DMV. The amount necessary for enforcement of the motor carrier laws is transferred from DMV to STP of DPS	\$1,556,326
4	K05	DPS	33D7	DUI Alcohol/Drugs Fine	5701	Court Fines	Section 56-5-2945	To provide funding for the operations of the Highway Patrol	Highway Patrol	Section 56-5-2945	\$100 of each fine imposed pursuant to this section	\$932,633
5	K05	DPS	3324	DPS Building Fund	1644	Motor Vehicle License Fees	Section 56-3-840; Section 23-6-190, 840	Provides for the purchase and repair of the DPS building and for the support of the Highway Patrol	DPS building and Highway Patrol	Section 23-6-190, Section 56-3-840	By delinquent registration and license penalties collected by the DMV, not to exceed the actual revenues collected in fiscal year 1999-2000 of \$4,413,174	\$4,163,174
6	K05	DPS	3355	Hall of Fame	5701	Court Fines	Section 14-1-206, 207, 208	To operate and maintain the Law Enforcement Hall of Fame	Hall of Fame	Section 14-1-206, 207, 208	Court Fines assessed in General Sessions, Magistrate's and Municipal Court	\$226,336

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount's). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
K05	DPS	3468	Confiscated Cash-Court Order	5801	Forfeited Monies-SLED	Section 44-53-530	These funds must be used for drug enforcement activities; can be used in the purchase of information or evidence relating to an investigation, to purchase services, or to provide compensation in matters which are confidential and in support of law enforcement activity.	Highway Patrol and State Transport Police	Section 44-53-530	75% of proceeds of all seized and forfeited real or personal property, conveyances, and equipment of any value and any cash more than \$1,000; the first \$1,000 of any cash seized and forfeited remains with the law enforcement agency which effected the seizure	\$1,582,882
K05	DPS	3537	DUI In-Car Videos	1644	Motor Vehicle License Fees	Section 56-1-286 (K)(1)	To provide funding to purchase, maintain, and supply all videotaping equipment for use in all law enforcement vehicles used for traffic enforcement throughout the state. Also to endure proper maintenance of videotaping equipment.	All law enforcement in the state	Section 56-1-286 (K)(1)	A one - hundred - dollar fee must be assessed for obtaining a temporary alcohol license. Twenty - five dollars of the fee must be retained by the Department of Public Safety for supplying and maintaining all necessary vehicle videotaping equipment.	\$131,925
K05	DPS	3537	DUI In-Car Videos	5701	Court Fines	Section 56-5-2953 and Section 14-1-208, 209	To provide funding to purchase, maintain, and supply all videotaping equipment for use in all law enforcement vehicles used for traffic enforcement throughout the state. Also to endure proper maintenance of videotaping equipment.	All law enforcement in the state	Section 56-5-2953(E)	A person who drives, moves, or operates on a highway a vehicle for which a registration and license are required but have not been obtained within thirty days of the date when required is guilty of a misdemeanor.	\$2,185,036

Revenue Object Codes

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	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount's). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
10	K05	DPS	3594	Size & Wt Revitalization	5740	Penalties-Forfeitures	Section 56-5-4160	Operations of STP and to upgrade and refurbish weigh stations	State Transport Police	Section 56-5-4160	All monies collected pursuant to this section, not to exceed the actual revenues collected in fiscal year 1999 2000, must be annually deposited to a separate account and held in reserve for the Department of Public Safety.	\$3,067,051
11	K05	DPS	38B6	Highway Patrol Fees and Fines	1644	Motor Vehicle License	Section 56-19-420	Operations of the Highway Patrol	Highway Patrol	Section 56-19-420	A portion of the \$15 charge by DMV for the issuance, transfer, or duplicate title.	\$6,829,209
12	K05	DPS	38B6	Highway Patrol Fees and Fines	3902	Other Reimb-St Agencies	Section 56-19-420	Operations of the Highway Patrol Safety Improvement Team (SIT) at DOT Work Zones	Highway Patrol	Section 56-19-420	HP SIT enforce the traffic laws of DOT Work Zones. HP has an Agreement with DOT for reimbursement of actual costs of this performance limited to a maximum amount of \$1,750,000 set by terms of the Agreement	\$1,413,662
13	K05	DPS	3805	Miscellaneous Revenue	1644	Motor Vehicle License	Title 56-1-1320	Operations of STP	State Transport Police	Title 56-1-1320	A portion of the fees for provisional drivers licenses	\$168,169
14	K05	DPS	3805	Miscellaneous Revenue	3902	Other Reimb-St Agencies	Section 56-11-500	For IFTA law enforcement overhead and dyed fuel reimbursements	State Transport Police	Section 56-11-500, Section 23-6-50	STP Officers enforce the IFTA laws. STP has an MOU/Contract with DOT for reimbursement of the overhead costs of this performance; STP Officers perform dyed fuel inspections - there is an MOU between STP and DOT and DOR for STP to be reimbursed for the overhead costs of performing these inspections.	\$166,292
15	K05	DPS	3805	Miscellaneous Revenue	4850	Miscellaneous Fee	Section 23-6-187; Section 30-4-30	To collect costs for providing FOIA requests and witness fees by the MAIT Team	Highway Patrol	Section 23-6-187	Send invoices to parties who receive requested FOIA information	\$1,961,473
16	K05	DPS	3805	Miscellaneous Revenue	7201	Misc Revenue	Section 23-6-50	Collect misc reimbursements and use tax discounts	The entire Agency	Section 23-6-50	Use tax discounts and other miscellaneous reimbursements.	\$1,006,619
17	K05	DPS	3805	Miscellaneous Revenue	7702	Insurance Claims	Section 23-6-50.	Collecting insurance claims for vehicles involved collisions	All Agency vehicles	Section 23-6-50	Receive funds from insurance company for claims submitted	\$175,660
18	K05	DPS	3822	Driving Under Suspension	5740	Penalties-Forfeitures	Section 56-1-460	To collect fines imposed for conviction of driving with a suspended license	Highway Patrol	Section 56-1-460	\$100 of each fine imposed pursuant to this section	\$1,677,075

Revenue Object Codes

Arrange From- Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Paul Lewis
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Contact E-mail Address: E-mail paullewis@scdps.net

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount's). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
K05	DPS	3886	Traffic Records Data Revenue	7815	Sale of Listings & Labels	Section 23-6-50	To fund the costs of processing and entering traffic collision data (form TR-310). This data is used by Office of Highway Safety, DPS, and by DMV so that they can fulfill their respective missions and statutory requirements.	Office of Highway Safety at DPS and DMV	Section 23-6-50	DMV receives TR-310s (accident report forms) from law enforcement and forwards them to DPS to enter the required data into the Traffic Records System maintained by Office of Highway Safety. DMV will provide the actual revenue generated from the sale of TR -310 reports to DPS so that funding requirements for this function can be met.	\$376,765
K05	DPS	39C7	Law Enforcement Surcharge	5750	Conviction Surcharge	Section 14-1-212	For equipment, vehicle purchases, and associated vehicle expenses, including maintenance and gasoline	Highway Patrol	Section 14-1-212	14.44 percent of the \$25 surcharge will be imposed on all fines, forfeitures, escheatments, or other monetary penalties imposed in General Sessions, Magistrate's and Municipal Court for misdemeanor traffic offenses or for nontraffic nonviolations.	\$2,771,927
K05	DPS	3958	Sale of Assets	7853	Sale of Vehicles (Capital)	Section 23-6-50	The Dept. is authorized to receive funds for the sale of vehicles & equipment and must expend these funds for like items	The entire Agency	Section 23-6-50	Vehicles that exceed 125,000 miles are turned over to the Surplus Section of the Budget and Control Board who sell these vehicles as is at public auction. The funds received less the administrative cost of the Board are transferred to DPS.	\$430,842
K05	DPS	3975	Victim Restitution Program	4838	Victim Restitution Fee	Section 24-3-40, Proviso 89.157	Funding for grants to non profits, state agencies and law enforcement entities to serve victims of child abuse, domestic violence, sexual assault, elder abuse and other victims of violent crimes in SC.	Office of Justice Programs	Section 24-3-40	Dept of Corrections transfers a set monthly amount and deducts 20% from the gross wages of prisoners engaged in work at paid employment in the community. Of this 5% must be placed on deposit with the State Treasurer for credit to a special account to support victim assistance programs. This program is administered by DPS through an approved grant program for non-profits, state agencies, and law enforcement entities in SC for the purpose of serving victims of crime. The grant year overlaps with our fiscal year. Even though a carry forward balance is reflected, the funds have been committed to subgrantees.	\$241,798

Revenue Object Codes

Arrange From- Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount's). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
23 K05	DPS	4547	Uninsured Enforcement Fund	1680	Financial Responsibility Fees	Section 56-10-550,552, 554 Section 38-73-470	Collection of funds from insurance companies to pay cost of troopers collecting suspended vehicle tags and drivers licenses.	Highway Patrol	Section 56-10-550, Section 38-73-470	80 cents of the yearly premium for uninsured motorist coverage and the interest earned on the account in which the funds are deposited.	\$3,540,270

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Department of Public Safety
Contact's Phone Number: 896-8605
Contact's E-mail Address: paullewis@scdps.net

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	K05	DPS	3035	Operating Revenue	1703, 3902	\$724,417	\$2,326,846	31.1%	BPS receives these revenues from Private Detective Fees from SLED and security contracts with other state agencies. Because payroll is a major expenditure of these funds, BPS needs to carry forward enough cash to pay for 3 months of payroll until current funds are received for the contracts and fees. In addition, BPS will be utilizing the cash balance to cover a structural state funding deficit with the division.
2	K05	DPS	3098	Donations	7604, 7605	\$3,344	\$0	0.0%	DPS receives minimal donations and funds are used for operations.
3	K05	DPS	3198	Motor Carrier-Other Oper.	1677	\$1,072,161	\$1,776,931	60.3%	Cash flow/Revenue is seasonal. Carry forward funds are needed for radio service, match for Motorcoach grant, replacement of high mileage cars, and weigh station repairs.
4	K05	DPS	33D7	DUI Alcohol/Drugs Fine	5701	\$547,711	\$762,068	71.9%	DPS expends these funds for Highway Patrol operating and does not carry forward a large amount of the funds.
5	K05	DPS	3324	DPS Building Fund	1644, 7221	\$4,156,076	\$3,916,378	106.1%	This revenue is limited to \$4.4 million per year. Funds are used for the Blythewood building maintenance, payment of the loan, and operations in the Highway Patrol. This revenue is not distributed by DMV until the 3rd month of the fiscal year. If the carry forward is not retained, salaries and building costs could not be paid.
6	K05	DPS	3355	Hall of Fame	5701, 5759, 5760	\$203,817	\$218,692	93.2%	Carry Forward in this subfund has averaged about \$30,000 to \$40,000 a year in the past. But due to budget cuts, another employee is now paid from these funds. Sufficient amount carried forward to cover payroll at least 2 months before revenue comes in.
7	K05	DPS	3468	Confiscated Cash-Court Order	3801, 5801, 5802, 7853	\$2,801,825	\$302,928	924.9%	Cash flow/Revenue is unpredictable because funds cannot be spent until cases are adjudicated. Carry forward funds are needed to support ongoing K9 program expenses and for replacement of high mileage police cars.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Department of Public Safety
Contact's Phone Number: 896-8605
Contact's E-mail Address: paullewis@scdps.net

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
8	K05	DPS	3537	DUI-In-Car Video Camera	1644, 5701, 5760	\$1,696,219	\$2,619,507	64.8%	DPS is required by law to provide ALL law enforcement in SC with in-car video cameras. The funds that are received the last quarter of the fiscal year cannot be expended in that fiscal year because of the time necessary to order and receive the cameras by year end. At least 200 DUI cameras will be purchased during FY 11-12.
9	K05	DPS	3594	Size & WT Revitalization	3801, 4703, 5740, 7221	\$1,415,619	\$3,411,827	41.5%	Balances are used for July and August payroll, beginning of year blanket yearly purchase orders for CVRP, fuel, phone service, utilities, scale maintenance contracts, mandatory replacement vests, and auto insurance premiums.
10	K05	DPS	3697	Proviso 90.20 DMV Approp.	7274	\$588,267	\$3,410,941	17.2%	Monies will be utilized during FY 11-12 for high mileage fleet replacement and other operating expenses. Project no carry-forward in this subfund.
11	K05	DPS	38B6	High Patrol Fees, Fines	1644, 3801, 3902, 7201	\$6,557,659	\$7,020,135	93.4%	Troopers are paid from these fines and DPS needs to retain 3 months of the payroll costs. Usually enough of the revenue is not received in the first quarter to cover the payroll costs. Additionally, carry-forward funds will be utilized to cover the following: Training Tracking Software, Greenville Facility Consolidation, HP class in January, voice over IP initial costs, MAIT team expenses, and DOT overtime on a project.
12	K05	DPS	3805	Miscellaneous Revenue	1644,3801, 3902, 4703, 4838, 4850, 7201, 7211, 7221, 7604, 7702, 7802, 7861	\$1,943,978	\$2,786,191	69.8%	STP needs its balance for beginning of year blanket purchase orders for office leases, grounds maintenance, custodial services and for costs of Blythewood facilities; Highway Patrol needs all funding for costs and operations due to low state funds caused by budget cuts.
13	K05	DPS	3822	Driving Under Suspension	4703, 5740	\$1,451,802	\$1,234,241	117.6%	These funds are expended for Highway Patrol operating costs including payroll, beginning year blanket purchase orders, fuel, equipment and repairs.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Department of Public Safety
Contact's Phone Number: 896-8605
Contact's E-mail Address: paullewis@scdps.net

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
14	K05	DPS	3886	Traffic Records Data Revenue	7815	\$177,288	\$335,952	52.8%	These funds are acquired from DMV to provide support for the data entry function within the Office of Highway Safety. These funds are used at times to support the CARFAX/Experian program payroll because that cash flow/revenue stream cannot be accurately projected and sometimes is not enough to meet payroll. Carryforward needed to cover 2 months payroll for data entry clerks due to timing of first revenue transfer of fiscal year from DMV.
15	K05	DPS	39C7	Law Enforcement Surcharge	5750	\$288,612	\$2,786,356	10.4%	These funds are used for operations of the Highway Patrol for increasing fuel costs. Carryforward amounts are used to setup purchase orders at the beginning of the year.
16	K05	DPS	3958	Sale of Assets	7853, 7854	\$493,724	\$235,218	209.9%	These revenues are unpredictable and erratic. Carry forward funds are needed to replace high-mileage police cars.
17	K05	DPS	3975	Victim Restitution Program	4838	\$542,445	\$468,319	115.8%	The source of these funds is the monthly agreement with DOC and a percentage of wages earned by inmates participating in DOC's work release program. 10% of the wages is to be used to fund grants to non profits, state agencies and law enforcement entities to serve victims of child abuse, domestic violence, sexual assault, elder abuse and other victims of violent crimes in South Carolina. Because all of these funds are obligated to subgrantees as grants, all funds must be retained by DPS. If not, the obligations of the grants could not be met.
18	K05	DPS	4547	Uninsured Enforcement Fund	1644, 1680, 6601	\$3,863,838	\$2,239,663	172.5%	Salaries of troopers are paid with these funds and at least 3 months in salaries must be carried forward to cover costs before revenue is received in the new year. Additionally, carry-forward funds will be utilized for purchasing fuel, operating equipment and summons books.

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: William Bray
Contact Phone Number: 898-7225
Contact E-mail Address: william.brayjr@dss.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
L04	DSS	31C7	CHILDREN'S EMERGENCY SHELTER	4001	ALLOCATION FROM STATE AGENCY	Section 56-3-8700	Retain fees from NASCAR plates to support children's emergency shelters	Foster Care	Section 56-3-8700	DMV charges a fee for NASCAR special license plates. Half of the revenue is deposited to the SC Children's Emergency Shelter Fund, which DSS uses to support the children's emergency shelters.	\$20,102
L04	DSS	36H6	HEALTH CARE A	4001	HEALTH CARE PROVISIO 90.18	2011-12 Appropriation Act Proviso 90.18	Revenue for Child Support System Development & Penalty	Child Support Enforcement	2011-12 Appropriation Act Proviso 90.18	Health Care Maintenance of Effort Funding must be used for the Child Support Enforcement System (CSES) Development and Penalty. Proviso 26.18 further authorizes the agency to retain and carry-forward any unexpended funds appropriated for the CSES system and related penalties. The amount of agency carried forward will result in DSS being able to fund the completion of the CSES System without incurring substantial federal penalties. Cash balance has been budgeted to be spent in next FY.	\$18,677,849
L04	DSS	3270	CHILD SUPPORT	2822	FEDERAL OPERATING GRANTS	2011-12 Appropriation Act Provisos 26-2	Incentive funds from federal program to support CSE collections activities	Child Support Enforcement	2011-12 Appropriation Act Provisos 26-2	As determined by federal regulations, CSE incentive funds are received from the federal government to encourage and reward cost effective performance. Funds must be used in the CSE program primarily for providing incentives to County Clerks of Court	\$2,150,000
L04	DSS	3286	CHILD SUPPORT OPERATING	7217	TITLE IV-D RECOVERIES-STATE	2011-12 Appropriation Act Provisos 26.1 & 26.2	Revenue from collections of funds due from "absent parents"	Child Support Enforcement	2011-12 Appropriation Act Provisos 26.1 & 26.2	CSES Program collects Child Support payments from non-custodial parents & disburses them to custodial parents. Part of the collections are refunded to the state if the custodial parent receives TANF assistance payments.	\$2,929,569
L04	DSS	3442	SPECIAL GRANT	3801	REFUND PRIOR YEAR EXPENDITURE	2011-12 Appropriation Act	Revenue from overpayment of Health and Dental premiums	All DSS Programs	2011-12 Appropriation Act	Overpayments in FY 2010-2011 for DSS Health and Dental Program refunds by the Office of State Treasurer, Columbia, S.C.	\$1,290,141
L04	DSS	3442	SPECIAL GRANT	4001	ALLOCATION FROM STATE AGENCIES	2011-12 Appropriation Act	Revenue from entity to assist in Protecting the Well-Being of Children in South Carolina	TANF	2011-12 Appropriation Act	Collects Grant Project "Protecting the Well-Being of Children in South Carolina" from SC Department of Education.	\$5,000,000
L04	DSS	3442	SPECIAL GRANTS	7201	MISCELLANEOUS REVENUE	2011-12 Appropriation Act	Adjustment of revenue received	Intensive Foster Care	2011-12 Appropriation Act	Contract reimbursement from DHHS for Medicaid eligible Intensive Foster Care program activities	\$1,235,679
L04	DSS	3442	SPECIAL GRANTS	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	2011-12 Appropriation Act	Adjustment of revenue received	Intensive Foster Care	2011-12 Appropriation Act	Contract reimbursement from DHHS for Medicaid eligible Intensive Foster Care program activities	\$3,704,675
L04	DSS	3443	SPECIAL GRANTS-LOCAL	3802	REFUND CASE SERVICE	2011-12 Appropriation Act	Revenue for funding scholarship for child care assistance	Child Care	2011-12 Appropriation Act	Funding for scholarships received from child care providers	\$427,500

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: William Bray
Contact Phone Number: 898-7225
Contact E-mail Address: william.brayjr@dss.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
10	L04	DSS	3443	SPECIAL GRANTS-LOCAL	4723	CENTRAL REGISTRY CHECKS	2011-12 Appropriation Act Provisos 26.7	Fee revenue for processing central registry checks as required for agency programs	Foster Care, Adoptions Case Management, Child Protective Services, Adult Protective Services, Child Care	2011-12 Appropriation Act Provisos 26.7	Per Proviso approved fee schedule, fees are charged to service providers whose employees must be checked through the Central Registry as required by the funding program.	\$533,520
11	L04	DSS	3444	PRIVATE-SPECIAL GRANTS	7201	MISCELLANEOUS REVENUE	2011-12 Appropriation Act Provisos 26.7	Revenue from Duke Endowment and EPLN used to match child welfare services, Child Support Enforcement program initiatives & EPLN	Child Protective Services, Child Support Enforcement, Foster Care, Children's Services	2011-12 Appropriation Act Provisos 26.7	Grant funds are provided by Duke Endowment. Electronic Parent Locate Network, Interstate Data Exchange Consortium membership fees are charged based on the cost to maintain the consortium and services provided to members.	\$1,826,379
12	L04	DSS	3445	LOCAL & SPECIAL PROJECTS	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	2011-12 Appropriation Act Provisos 26.7	Revenue from county government to match County Expense Program & support local facilities	County Support of Local DSS Offices	Approved in FY 2010-11 Agency Budget. Any carryforward must be used only for specified activities.	County governments provide funds to match federal programs that fund the operation of local facilities.	\$386,075
13	L04	DSS	3619	NONCASH-CPE TRANSACTION	3302	ALLOCATION FROM COUNTIES	2011-12 Appropriation Act	To record noncash revenue for County Expense Program	County Support of Local DSS Offices	No authority needed. Noncash revenue is offset by noncash expenditures.	Accounting entry required by CG to record offset to noncash expenditures entry in same subfund	\$53,252,469
14	L04	DSS	3619	INDIRECT COSTS	2802	ALLOCATION FROM COUNTIES	2011-12 Appropriation Act	To book Statewide Cost Allocation Plan for FY 2010-2011	County Support of Local DSS Offices	No authority needed. Noncash revenue is offset by noncash expenditures.	Accounting entry required by CG to record offset to noncash expenditures entry in same subfund	\$1,456,620
15	L04	DSS	3619	FEDERAL OPERATING GRANTS	2822	ALLOCATION FROM COUNTIES	2011-12 Appropriation Act	To book TANF noncash Child Care Expenditures	County Support of Local DSS Offices	No authority needed. Noncash revenue is offset by noncash expenditures.	Accounting entry required by CG to record offset to noncash expenditures entry in same subfund	\$8,182,386
16	L04	DSS	3764	MEDICAID AND MEDICARE REIMBURSEMENT	3901	MEDICAID ASST PAYMENTS	2011-12 Appropriation Act	Revenue that received from HHS	Intensive Foster Care	2011-12 Appropriation Act	Contract reimbursement from DHHS for Medicaid eligible Intensive Foster Care program activities	\$5,955,758
17	L04	DSS	3764	FEDERAL OPERATING GRANTS	2822	INTERFUND TRANSFERS	2011-12 Appropriation Act	Inter-Fund Transfers	All DSS Programs	N/A	N/A	\$500,000
18	L04	DSS	3764	MISC TRANSFER-OTHER FUNDS	7221	INTERFUND TRANSFERS	2011-12 Appropriation Act	Inter-Fund Transfers	All DSS Programs	N/A	N/A	\$2,150,000

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: William Bray
Contact Phone Number: 898-7225
Contact E-mail Address: william.brayjr@dss.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
19	L04	DSS	3863	PROJECT FAIR ADMIN	3802	REFUND-CASE SERVICES	2011-12 Appropriation Act	Revenue from TANF recoupments for claims collection activities	FS/TANF Claims Collections	2011-12 Appropriation Act	Collections from Food Stamps/TANF recipients for overpayment of program benefits	\$184,567
20	L04	DSS	3863	PROJECT FAIR ADMIN	7221	MISCELLANEOUS TRANSFER-OTHER FUNDS	2011-12 Appropriation Act	Revenue from Food Stamp recoupments for claims collection activities	FS/TANF Claims Collections	2011-12 Appropriation Act	Collections from Food Stamps/TANF recipients for overpayment of program benefits	\$1,505,377
21	L04	DSS	48A6	DOMESTIC VIOLENCE FUND	1711	MARRIAGE LICENSE FEE	Section 20-4-160	Fee revenue from marriage licenses for support of domestic violence prevention activities	Battered Spouse	Section 20-4-160	Marriage license fees collections	\$734,994

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: William Bray
Contact's Phone Number: 898-7225
Contact's E-mail Address: william.brayjr@dss.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	L04	DSS	31C7	CHILDREN'S EMERGENCY SHELTER	4001	\$23,853	\$20,932	114.0%	Pursuant to Section 56-3-8700 of the SC Code of Laws, fees from NASCAR special license plates must be used to provide funds to support the SC Association of Children's Homes and Family Services, which the Department of Social Services (DSS) uses to support the children's emergency shelters. These funds are needed to allow the agency to transfer funds for support of emergency shelters for children which have been budgeted to be spent in FY 2011-12.
	L04	DSS	31S2	MEDICAID ASST/ARRA	3901 7221	\$189,104	\$115,935	163.1%	These funds were designed to help support states' Medicaid programs as part of ARRA. Cash balances at the end of State FY 2010-11 have been budgeted to be spent in FY 2011-12.
	L04	DSS	3270	CHILD SUPPORT INCENTIVE	2822 7221	\$1,041,570	\$1,940,244	53.7%	Pursuant to 2011-12 Appropriation Act Proviso 26.2, incentive funds must be reinvested in the program to increase collections of support as required by federal Child Support laws and regulations. A portion of Incentive funds are distributed to Clerks of Court, with the majority of these funds supporting Child Support system development, training, equipment, and personnel costs. <u>Loss of these funds would result in DSS being unable to support Child Support Enforcement staff, and fund the completion of the Child Support Enforcement System and incur substantial federal penalties.</u>
2	L04	DSS	3286	CHILD SUPPORT OPERATING	4886 6507 7201 7217 7221	\$548,215	\$2,144,557	25.6%	Pursuant to 2011-12 Appropriation Act Proviso 26.1 & 26.2, Title IV-D fees and recovered funds are to be used as match for Child Support Program initiatives and to remit \$800,000 to the General Fund. The funds support the costs for 52 FTEs, 20 Temp Grant and 5 Temp (Hourly) positions. The loss of these funds would jeopardize the operations of the Child Support Enforcement Program.

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: William Bray
Contact's Phone Number: 898-7225
Contact's E-mail Address: william.brayjr@dss.sc.gov

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
3	L04	DSS	3442	SPECIAL GRANTS 2812 2822 3801 3901 4001 4839 4850 7201 7221 7234	\$9,264,756	\$14,289,715	64.8%	Pursuant to 2010-11 Appropriation Act, Proviso 90.18, Health Care Maintenance of Effort Funding, these funds must be used for the Child Support Enforcement System (CSES) Development and Penalty. Proviso 26.19 further authorizes the agency to retain and carry-forward any unexpended funds appropriated for the CSES system and related penalties. The amount the agency carried forward will result in DSS being able to fund the completion of the Child Support Enforcement System without incurring substantial federal penalties. <u>Loss of these funds will result in DSS being unable to fund the completion of the Child Support Enforcement System and incur substantial federal penalties.</u>
4	L04	DSS	3443	SPECIAL GRANTS-LOCAL 1612 1613 3302 3305 3805 4718 4723 4839 4850 4858 7201	\$372,372	\$942,945	39.5%	Pursuant to 2011-12 Appropriation Act Proviso 26.7, revenue from authorized fees shall be utilized to further develop & administer associated with the child care and child welfare program efforts. These funds are used to match the federal child care grant. Cash balance have been budgeted to be spent in FY 2011-12
5	L04	DSS	3444	PRIVATE-SPECIAL GRANTS 3801 4001 4535 4718 7201 7205 7211 7605 9606	\$759,202	\$1,736,162	43.7%	Pursuant to 2011-12 Appropriation Act Proviso 26.7, revenue from authorized fees and the Duke Endowment must be utilized to further develop and administer child welfare program efforts. This subfund also includes revenue generated through the Interstate Data Exchange Consortium which must be used to provide cost-effective solutions for inter/intra-state child support issues and to operate the Electronic Parent Locator Network (EPLN). The cash balance has been budgeted to be spent in FY2011-12.
6	L04	DSS	3445	LOCAL & SPECIAL PROJECTS 3302 7201 7221	\$267,018	\$567,562	47.0%	Funds from local county governments are restricted for use in local DSS offices. This subfund includes matching funds for the County Expense Program (support of county office facilities) and other funds earmarked for local and special projects. These funds are being used to match federal funds to upgrade local facilities. The cash balance has been budgeted to be spent in FY 2011-12.

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: William Bray
Contact's Phone Number: 898-7225
Contact's E-mail Address: william.brayjr@dss.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
7	L04	DSS	3619	NONCASH-CPE TRANSACTIONS	2802 2822 3302 7201	\$0	\$62,891,475	0.0%	
8	L04	DSS	3634	CAPITAL RESERVE FUND OPERATING	7221 7236	\$1,698	\$0	#DIV/0!	Pursuant to 2010-11 Appropriation Act, Proviso 90.18, Health Care Maintenance of Effort Funding, these funds must be used for the Child Support Enforcement System (CSES) Development and Penalty. Proviso 26.19 further authorizes the agency to retain and carry-forward any unexpended funds appropriated for the CSES system and related penalties. The amount the agency carried forward will result in DSS being able to fund the completion of the Child Support Enforcement System without incurring substantial federal penalties. <u>Loss of these funds will result in DSS being unable to fund the completion of the Child Support Enforcement System and incur substantial federal penalties.</u>
	L04	DSS	36H6	HEALTH CARE ANNUALIZATION	7284	\$18,677,849	\$0	#DIV/0!	Pursuant to 2010-11 Appropriation Act, Proviso 90.18, Health Care Maintenance of Effort Funding, these funds must be used for the Child Support Enforcement System (CSES) Development and Penalty. Proviso 26.19 further authorizes the agency to retain and carry-forward any unexpended funds appropriated for the CSES system and related penalties. The amount the agency carried forward will result in DSS being able to fund the completion of the Child Support Enforcement System without incurring substantial federal penalties. <u>Loss of these funds will result in DSS being unable to fund the completion of the Child Support Enforcement System and incur substantial federal penalties.</u>
	L04	DSS	3764	MEDICAID ASST PAYMENTS	2802 2822 3901 7221	\$635,659	\$8,323,643	7.6%	
9	L04	DSS	3863	PROJECT FAIR ADMIN	3801 3802 7221	\$2,698	\$1,734,776	0.2%	

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: William Bray
Contact's Phone Number: 898-7225
Contact's E-mail Address: william.brayjr@dss.sc.gov

		Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
10	L04		DSS	48A6	DOMESTIC VIOLENCE FUND	1711 6601	\$229,018	\$783,844	29.2%	Pursuant to Section 20-4-160 of the SC Code of Laws, the Domestic Violence Fund must be used solely to award grants statewide to domestic violence centers/programs and carried forward to continue services. Currently, 13 providers receive funding. The cash balance has been budgeted to be spent in FY2011-12

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Agency: [L120 John de la Howe School](#)

Name of Agency Contact: [Tom Ritter](#)

Contact Phone Number: [864-391-0418](#)

Contact E-mail Address: Tom.ritter@delahowe.k12.sc.us

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 L12	John de la Howe School	3035	Operating Revenue	5001	Tuition and Student Fees	594910 ET.SEQ.	Student fees and tuition help offset the cost of educating disadvantaged students.	I II III.A. III.B IIIC IIID IV	State Proviso 5.4	\$50-\$300 Monthly Tuition and Student Fees paid by parents/gaurdians of children in placement.	\$227,474
2 L12	John de la Howe School	3099	Operating Revenue	7201	Miscellaneous Revenue	594910 ET.SEQ.	Private donations, bequests, etc. made to the School for designated purposes.	I II III.A. III.B IIIC IIID IV	State Proviso 5.4	Private donations, bequests, etc. made to the School for designated purposes.	\$468
3 L12	John de la Howe School	31S2	ARRA Medicaid Assistance	3901	Medicaid	594910 ET.SEQ.	ARRA program income for the provision of Medicaid	III.A. III.B IIIC IIID		ARRA program income for the provision of Medicaid assistance.	\$6,512
4 L12	John de la Howe School	3764	Medicaid Reimbursement	3901	Medicaid Reimbursement	594910 ET.SEQ.	Fees are used to assist the School in the provision of clinical and counseling services.	III.A. III.B IIIC IIID		Fees generated from the provision of clinical and counseling services by qualified staff to Medicaid eligible students.	\$71,233
5 L12	John de la Howe School	37J9	Alternative Education	7201	Miscellaneous Revenue	594910 ET.SEQ.	Revenue per agreement with Abbeville High School to reimburse costs incurred for the education of Alternative Education Program students.	II III.A. III.B IIIC IIID	State Proviso 5.4	Payment received from Abbeville High School for alternative education students placed at John de la Howe.	\$33,750
6 L12	John de la Howe School	3959	Farm Proceeds	7804	Farm Proceeds	594910 ET.SEQ.	Farm proceeds are used to offset the School's farm education program costs.	IIIC IIID	State Proviso 5.4	Funds generated from selling merchandise from the School's vegetable garden, greenhouse, hay field, etc.	\$5,040
7 L12	John de la Howe School	3960	Sale of Meals	7805	Sale of Meals	594910 ET.SEQ.	Supplemental income and reimbursement for cafeteria operations of the School.	IV	State Proviso 5.4	Revenue from the sale of meals for community events and agency staff meals in the cafeteria.	\$10,806
8 L12	John de la Howe School	39H2	Increased Enforcement	7274	Nonrecurring operating transfers	594910 ET.SEQ.	DOR increased enforcement revenue as allocated by the State of SC. This revenue is used to offset operating costs of the School.	I II III.A. III.B IIIC IIID IV	State Proviso 5.4	DOR increased enforcement revenue as allocated by the State of SC. This revenue is used to offset operating costs of the School.	\$308,765
9 L12	John de la Howe School	4973	Allocation EIA TSS	4005	Allocation EIA TSS	594910 ET.SEQ.	Education Improvement Act funds are used to supplement teacher salaries as provided by state law.	II III.A. III.B IIIC IIID	State Proviso 5.4	Funds from the Department of Education to assist with the salaries of school teachers and certain staff that assist with the education and counseling of students.	\$381,005

Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Agency: **L120 John de la Howe School**

Name of Agency Contact: **Tom Ritter**

Contact's Phone Number: **864-391-0418**

Contact's E-mail Address: Tom.ritter@delahowe.k12.sc.us

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	L12	John de la Howe School	3035	Operating Revenue 0206 0208 0209 0213 0216 0232 0239 0301 0304 0306 0307 0308 0309 0315 0321 0323 0346 0408 0417 0504 0506 0507 0520 0611 1101 1102 1107 2307 2309 2311 5006	\$66,522	\$183,755	36.2%	Per Proviso 5.4, the School is allowed to carryforward funds necessary to achieve full student enrollment. These funds are used for deferred maintenance and other operating costs of the School to help offset state funding shortfalls.
2	L12	John de la Howe School	3053	Timber Sales 0225 0317 0321	\$150,495	(\$9,800)	-1535.7%	Per Proviso 5.4, the School is allowed to carryforward funds necessary to achieve full student enrollment. Funds from the sale of timber are currently earmarked for the replacement of roofs and the performance of deferred maintenance for cottages and other support buildings of the School. These repairs are scheduled to start in the third quarter of FY 2012 and continue into FY 2013. Timber funds are received only when the timber has grown to the point that a cutting is necessary and market conditions are favorable.
3	L12	John de la Howe School	3099	Bequests 7201	\$633	\$0	#DIV/0!	N/A - Below Threshold
4	L12	John de la Howe School	31S2	Medicaid Assistance ARRA 3901	\$8,093	\$0	#DIV/0!	N/A - Below Threshold
5	L12	John de la Howe School	3764	Medicaid Assistance Payments 3901	\$9,748	\$66,030	14.8%	N/A - Below Threshold
6	L12	John de la Howe School	37J9	Alternative Education 7201	\$8,480	\$25,270	33.6%	Per Proviso 5.4, the School is allowed to carryforward funds necessary to achieve full student enrollment. Revenue per agreement with Abbeville High School to reimburse costs incurred for the education of Alternative Education Program students.
7	L12	John de la Howe School	3848	Medicaid Reimbursements 0158 0204 0209 0213 0301 0303- 0305 0307 0309 0311 0315 0501 0502 0504 0507 0520 1300 2307	(\$14,797)	\$0	#DIV/0!	N/A - Below Threshold
8	L12	John de la Howe School	3958	Sale of Assets 7201	\$27	\$0	#DIV/0!	N/A - Below Threshold

Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Agency: [L120 John de la Howe School](#)

Name of Agency Contact: [Tom Ritter](#)

Contact's Phone Number: [864-391-0418](#)

Contact's E-mail Address: Tom.ritter@delahowe.k12.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
9	L12	John de la Howe School	3959	Farm Proceeds	0206 0208 0308 0316 0319 0321 0416 0417	\$1,197	\$4,949	24.2%	Per Proviso 5.4, the School is allowed to carryforward funds necessary to achieve full student enrollment. These funds are generated seasonally. Funds are used to support the operation of the School's farm program.
10	L12	John de la Howe School	3960	Sale of Meals	0318 0306	\$325	\$10,908	3.0%	N/A - Below Threshold
11	L12	John de la Howe School	39H2	Enforced Collections	7274	\$66,160	\$242,605	27.3%	Per Proviso 5.4, the School is allowed to carryforward funds necessary to achieve full student enrollment. DOR increased enforcement revenue as periodically allocated by the State of SC. This revenue is used to offset operating costs of the School.
12	L12	John de la Howe School	43B1	Education Lottery Account	5101	\$667	\$0	#DIV/0!	N/A - Below Threshold
13	L12	John de la Howe School	4973	EIA Allocation	0160 0225 0303 0304 0307 0417 0501 0502 0504 0506 0507 0511	\$529,960	\$153,357	345.6%	Per Proviso 5.4, the School is allowed to carryforward funds necessary to achieve full student enrollment. Unused EIA funds are carried forward to enable the School to achieve the goals as established by this proviso.

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Dawn Anderson
Contact Phone Number: 803-898-8835
Contact E-mail Address: dawnanderson@sccb.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
L24	SCCB	3035	Operating Revenue	7201	Miscellaneous Revenue		Record revenue from students outside SC who come to the Commission for technical training	Training and Employment		The revenue is generated from the Training and Employment area when they use our call center to train out of state students as well as from the Business Enterprise program reimbursement from Savannah River Site.	\$103,545
L24	SCCB	3035	Operating Revenue	7803	Sale of Services		Record revenue from Community Services Braille Writing	Children's Services and Radio Rehab		The revenue is generated from the Community Services area where Braille Writing of documents occurs.	\$22
L24	SCCB	3098	Donations	7605	Operating Contributions and Donations - Restricted		Record revenue from donations to the SC Commission for the Blind	Agency Wide		The revenue is generated from the grateful family of friends of the blind community and is specified by the donor which area its intended.	\$1,934
L24	SCCB	3419	Concession Oper Bene Acct	7825	Concession Operator Benefit Amount	Part 1B. Section 14.1 (BLIND: Matching Federal Funds)	Record revenue from Business Enterprise Concession Operations Benefits	Business Enterprise Program (BEP)		The revenue is generated from the Business Enterprise reimbursement from Department of Corrections and SC Retirement System from vending machines.	\$31,711
L24	SCCB	36H6	Health Care Annualization	7284	Health Care MOE Funds						\$100,000
L24	SCCB	3872	Social Security Contract	4604	Social Security Administration		Record revenue as a reimbursement from social security administration	Vocational Rehabilitation of the Blind		The revenue is generated when blind individuals who are receiving assistance from social security go to work. A formula is used by social security to reimburse our agency.	\$0
L24	SCCB	3872	Social Security Contract	7221	Misc Transfer - Other Fund						\$218,060
L24	SCCB	3958	Sale of Assets	7802	Sale of Goods		Record revenue from sale of goods, property, or machinery and equipment no longer used by the agency	Agency Wide		The revenue is generated from the sale of goods, property, or machinery and equipment no longer of use by the agency.	\$0
L24	SCCB	3958	Sale of Assets	7820	Sale of Surplus Property		Record revenue from sale of goods, property, or machinery and equipment no longer used by the agency	Agency Wide		The revenue is generated from the sale of goods, property, or machinery and equipment no longer of use by the agency.	\$8,979

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Dawn Anderson
Contact Phone Number: 803-898-8835
Contact E-mail Address: dawnanderson@sccb.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
10	L24	SCCB	3958	Sale of Assets	7854	Sale of Machinery and Equipment	Record revenue from sale of goods, property, or machinery and equipment no longer used by the agency	Agency Wide		The revenue is generated from the sale of goods, property, or machinery and equipment no longer of use by the agency.	\$0
9											

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Dawn Anderson
Contact's Phone Number: 803-898-8835
Contact's E-mail Address: dawnanderson@sccb.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	L24	SCCB	3035	Operating Revenue	3901 7201 7803 7825	\$351,677	\$11,776	2986.4%	These funds are used as matching funds for federal dollars.
2	L24	SCCB	3098	Donations	7605	\$56,405	\$1,593	3540.8%	These funds have a specified use for the blind by the donors.
3	L24	SCCB	31S2	Medicaid Assistance - ARRA		\$70,138	\$0	#DIV/0!	
4	L24	SCCB	3361	Low Vision Clinic	7802	\$31,486	\$0	#DIV/0!	These funds should be recorded as an interagency transfer; not actual revenue.
5	L24	SCCB	3419	Concession Oper Bene Acct	3801 7201 7825	\$111,383	\$39,950	278.8%	These funds are used to pay the salary of the person that repairs the concession stand. The carry forward can be used to cover any increase in pay or additional personnel.
6	L24	SCCB	3543	Placement Bureau	7601	\$1,330	\$0	#DIV/0!	"NONE"
7	L24	SCCB	36H6	Health Care Annualization		\$100,000	\$0	#DIV/0!	
8	L24	SCCB	3634	Cap Res Fd Operating Appropriation		\$51,894	\$0	#DIV/0!	
9	L24	SCCB	3764	Medicaid Assistance Payments		\$357	\$0	#DIV/0!	
10	L24	SCCB	3872	Social Security Contract	4604, 2822	\$96,932	\$208,329	46.5%	These funds have a specified use by the federal government under Social Security Reimbursement and OMB A-87 as Program Income
11	L24	SCCB	3958	Sale of Assets	7820 7854	\$30,509	\$0	#DIV/0!	"NONE"
8								#DIV/0!	

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jay Wise
Contact Phone Number: 803-896-8577
Contact E-mail Address: jay.wise@schousing.com

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
1	L32	Housing Authority	3412	SHA Finance Opr	7201	Misc Revenue	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for all administrative functions of the Authority.	Supports all programs of the Authority (which are designed to provide housing for moderate-to-low income citizens of SC) including the purchasing of mortgage loans, the provision of down payment assistance loans, the provision and oversight of special housing initiatives throughout the State as well as the operation of various federal programs designed to provide housing assistance to low income citizens of the State.	Proviso 32.2 of FY 2009-10 Appropriation Act	Coding error - Operating Transfer S/H/B object code 7221 Misc Transfer - Other Fund	\$1,897,267
2	L32	Housing Authority	3414	FHA Multi Fam Dev	7201	Misc revenue	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for revenues and expenses of the Low Income Tax Credit and Multifamily Bond programs of the Authority.	Low Income Tax Credit and Multifamily Bond programs.	Proviso 32.2 of FY 2009-10 Appropriation Act	Coding error - Operating Transfer S/H/B object code 7221 Misc Transfer - Other Fund	\$363,634

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jay Wise
Contact Phone Number: 803-896-8577
Contact E-mail Address: jay.wise@schousing.com

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
L32	Housing Authority	3412	FHA Multi Fam Dev	7221	Misc transfer - other funds	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for revenues and expenses of the Low Income Tax Credit and Multifamily Bond programs of the Authority.	Low Income Tax Credit and Multifamily Bond programs.	Proviso 32.2 of FY 2009-10 Appropriation Act	Funds transferred to subfund 3412 to fund administratvie expenditures of the Authority.	\$400,000
L32	Housing Authority	3414	FHA Multi Fam Dev	7803	Sale of services	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for revenues and expenses of the Low Income Tax Credit and Multifamily Bond programs of the Authority.	Low Income Tax Credit and Multifamily Bond programs.	Proviso 32.2 of FY 2009-10 Appropriation Act	Coding error - Operating S/H/B object code 7221 Misc Transfer - Other Fund	\$2,441,169
L32	Housing Authority	3645	Earned Funds - HOME	7703	SHA mortgage receipts	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for the revenues and expenses related to mortgage loans made to moderate-to-low income citizens of the State.	Mortgage loans to low income citizens of the State with emphasis on those citizens transitioning from HUD rental assistance programs.	Proviso 32.2 of FY 2009-10 Appropriation Act	Principal and interest payments on mortgage loans.	\$450,661
L32	Housing Authority	4137	Home Program Income	6601	Investment earnings	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for all program income earned from the use of federal HOME Program funds including principal, interest and other payments. All such income is required by law to be reinvested in the HOME Program.	Federal HOME Program	24 CFR Part 92 - The HOME Investment Partnership Final Rule	Interest earned on cash and investments	\$1,722

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jay Wise
Contact Phone Number: 803-896-8577
Contact E-mail Address: jay.wise@schousing.com

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
7	L32	Housing Authority	4137	Home Program Income	6720	Loan Prin Repayment	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for all program income earned from the use of federal HOME Program funds including principal, interest and other payments. All such income is required by law to be reinvested in the HOME Program.	Federal HOME Program	24 CFR Part 92 - The HOME Investment Partnership Final Rule	Principal and early payoff payments from mortgage loans.	\$1,684,514
8	L32	Housing Authority	4137	Home Program Income	7703	SHA mortgage receipts	Sections 31-13-20 and 31-13-190 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for all program income earned from the use of federal HOME Program funds including principal, interest and other payments. All such income is required by law to be reinvested in the HOME Program.	Federal HOME Program	24 CFR Part 92 - The HOME Investment Partnership Final Rule	Principal, interest and early payoff payments from mortgage loans.	\$1,523,086

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jay Wise
Contact Phone Number: 803-896-8577
Contact E-mail Address: jay.wise@schousing.com

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
9	L32	Housing Authority	4797	SHA Program Fund	6520	Loan interest received	Sections 31-13-20 and 31-13-340 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for all special housing initiatives undertaken by the Authority including the Housing Action Partnership Program, the Community Redevelopment Revitalization Program, the Creative Transitional Housing Program, the Rural Housing Initiatives Program, down payment assistance loan program(s), and certain special first mortgage programs.	Special housing initiatives for the citizens of the State.	Proviso 32.2 of FY 2009-10 Appropriation Act	Interest payments on mortgage loans - see object code 7901 below.	\$1,523,086

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Jay Wise
Contact Phone Number: 803-896-8577
Contact E-mail Address: jay.wise@schousing.com

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
10	L32	Housing Authority	4797	SHA Program Fund	7201	Misc revenue	Sections 31-13-20 and 31-13-340 of the S.C. Code of Laws. The South Carolina State Housing Act of 1977 as amended in 1982,1986,1988 and 1990.	Accounts for all special housing initiatives undertaken by the Authority including the Housing Action Partnership Program, the Community Redevelopment Revitalization Program, the Creative Transitional Housing Program, the Rural Housing Initiatives Program, down payment assistance loan program(s), and certain special first mortgage programs.	Special housing initiatives for the citizens of the State.	Proviso 32.2 of FY 2009-10 Appropriation Act	Miscellaneous program income such as gains on foreclosures, etc.	\$14,840

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Jay Wise
Contact's Phone Number: 803-896-8577
Contact's E-mail Address: Jay.Wise@schousing.com

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.	
1	L32	Housing Authority	3412	SHA Finance Opr	4850 7221	\$623,795	\$5,916,929	10.5%	This subfund contains the administrative functions and expenses of the Authority. Funds are transferred into this subfund from other revenue producing sources of the Authority on a monthly basis as needed. The typical cash balance in this subfund is normally not any higher than what the Authority would expect to spend within the next 30 days.
2	L32	Housing Authority	3414	FHA Multi Fam Dev	4850 7221 7902	\$1,061,555	\$1,291,185	82.2%	The ending cash balance in this subfund is typically higher than 1/6 of disbursements for several reasons. Since these revenues are earned and recieved unevenly throughout the year, reserves are held to cover expenses for those periods when receipts are low. Also, periodic transfers are made to subfund 3412 to support administrative costs and to the Program Fund (as required by statute) to be disbursed for special initiatives as approved by the Board of Commissioners.
3	L32	Housing Authority	3645	Earned Funds - HOME	6520 6720 7703	\$1,780,414	\$492,813	361.3%	The cash balance in this subfund can fluctate greatly. Receipts consist of principal and interest payments received on a group of single family first mortgage loans. The Authority utilizes cash in this subfund to fund single family first mortgages to low income individuals who receive Section 8 housing assistance via the Authority and have achieved specific criteria to qualify to use federal rental assistance payments toward monthly home mortgage payments. The Authority typically funds about 10 such loans during the fiscal year however the actual time when the borrowers qualify for funding is unpredictable. In addition, as available, cash is used to fund administrative costs or transferred to the Program Fund (as required by statute) to be disbursed for special initiatives approved by the Board of Commissioners.
4	L32	Housing Authority	3866	Admin Fees - Federal Programs	2822 7221	\$1,098,450	\$1,475,312	74.5%	The funds in this subfund represent amounts earned on a fee based incentive contract that the Authority has for administering the Section 8 property based Rental Assistance on behalf of HUD. More than 1/6 of annual disbursements is required in this subfund since amounts from this subfund are a significant source of funding for the administrative functions of the Authority. The Authority also periodically transfers excess funds to the Program Fund (as required by statute) to be disbursed for special initiatives as approved by the Board of Commissioners.
5	L32	Housing Authority	4137	Home Program Income	3804 4850 6601 6720 7221 7703	\$683,320	\$2,155,592	31.7%	This subfund accounts for amounts received by the Authority that are Program Income under HUD's HOME program. Amounts in this subfund can only be used for HOME (federal program) eligible activities. These funds are in a restricted subfund because Federal regulations require that interest earned on balances in this account be credited to the Program Income account. The current balance also includes \$520,681 that actually represents mortgage loans receivable of the Authority per STO documents. We have been working with the STO to resolve this situation since the SCEIS go live in November 2009.
6	L32	Housing Authority	4797	SHA Program Fund	6520 6601 6720	\$14,877,702	\$4,992,418	298.0%	The Authority, as stipulated by Sec. 31-13-340, is required to transfer cash into this subfund for low income housing initiatives approved by the chairman or designee of the board. Funds are typically used to provide down payment assistance loans for those persons in the 80% - 110% of area median income who are not eligible for federally funded down payment assistance. Other special initiatives of this subfund provide funding for state housing initiatives that cannot be funded via the Housing Trust Fund or other existing federal programs. Cash in the Program Fund specifically designated for Special Initiatives by the Board is disbursed as the initiatives progress which frequently occurs over an extended period of time. Additionally, the current STARS cash balance erroneously includes \$5,194,355 of mortgage loans receivable as cash in the subfund per STO documents. We are continuing to work with the STO to resolve this classification issue.

Revenue Object Codes

Arrange From - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Judy C. Harris
Contact Phone Number: 803-737-7804
Contact E-mail Address: judy@schac.state.sc.us

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	L36	Human Affairs Commission	3035	Operating Revenue	7803	Sale of Services	S.C. Code of Laws, SECTION 1-13-70 (k), (l), (n), (o). To receive and retain funds from the U.S. EEOC in accordance with the annual contractual agreements.	Agency-wide operating expenses	S.C. Code of Laws, SECTION 1-13-70 (k), (l), (n), (o).	Fee-for-service contractual agreement between the Human Affairs Commission and the U.S. Equal Employment Opportunity Commission. The Human Affairs Commission there-in agrees to investigate and resolve a specified number of employment discrimination complaints filed in South Carolina.	\$546,050
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Judy C. Harris
Contact's Phone Number: 803-737-7804
Contact's E-mail Address: judy@schac.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	L36	S.C. HAC	3035	Operating Revenue	7,803	\$24,442	\$593,987	4.1%	NONE
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name: Thomas Smith
Contact Phone Number: 8 Phone # 333-9621 ext. 1
Contact E-mail Address: E-mail: tsmith@cfma.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010 - 2011 Actual Revenue
1	L46	CFMA	3035	Operating Revenue	617	Admission Tax Bingo	Section 12-21-4200	Program Operations	Native American Affairs Institute/Hispanic Latino Affairs Institute	Section 41.4	The first \$131,000 of bingo card charges as outlined in Section 12-21-4190(2)is transferred each year to the Commission.	\$131,000
2	L46	CFMA	3098	Donations	7604	General Contributions	Section 41.1	To solicit funds from private soruces for agency research, forums, training and institutes	Annual Conference Costs	Section 41.1		Sponsorships from private sources
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Thomas Smith
Contact's Phone Number: 803/333-9621 ext. 1
Contact's E-mail Address: tsmith@cfma.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	L46	CFMA	3035	Operating Revenue	617	\$479	\$139,074	0.3%	None. In past years money was intentionally left over from bingo revenue to help the agency address anticipated budget cuts and to serve as seed money for upcoming forums and meetings with minority communities in the next fiscal year. However due to drastic budget cuts in FY10 all funds were needed to assist with operation costs for the agency.
2	L46	CFMA	3098	Donations	4829 7201 7604	\$9,005	\$53,612	16.8%	This money includes sponsor and exhibit fees acquired during our conference events and funds raised through partnerships with other agencies and organizations. We never know how much we will collect and some funds are collected at the end of the fiscal year. This means we are not spending this money monthly. However, we are careful not to overspend and we save this money as seed funds in anticipation of upcoming forums and meetings for our minority communities and to help the agency address budget shortfalls in the upcoming fiscal year. We receive no general fund money for conferences, forums, or meetings.
3									

Revenue Object Codes - CORRECTIONS

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Rhonda Walker
Contact Phone Number: 896-2962
Contact E-mail Address: Walker.Rhonda@doc.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	N04	SCDC	3035	Operating Revenue	2605	Fees & Receipts Other	Section 24-3-40 of the S.C. Code of Laws.	Fees and fines collected from inmates per SCDC ADM-15.01	Operating Expense		From inmates authorized to work in the community or in a prison industry program. Fees for inmate room and board.	\$2,684,896
2	N04	SCDC	3125	Fees & Reciepts	2605	Fees & Receipts Other	Proviso 51.10	Operating Expenses			Funds received from inmates for medical cost reimbursement	\$643,440
3	N04	SCDC	3149	Maintenance, Repairs/Renovations, Insurance Claims	7702	Insurance Claims		To retain revenue from the proceeds of insurance claims.	Repair, maintain or replace damaged noncapital buildings		Funds received as a result of an insurance claim. Used for noncapital projects to repair, maintain or replace damaged buildings. Since insurance losses can not be budgeted the Agency needs the flexibility to carry forward and spend these funds when they are needed.	\$209,937
4	N)\$	SCDC	3197	Motor Pool	7803	Sale of Services	Section 24-3-20 of the S.C. Code of Laws.	To lower maintenance and repair cost to SCDC and other State Agencies. Provide vocational training which inmates can use to gain employment upon release.	Provide Maintenance and repairs of state vehicles.		Motor pool funds are generated from vehicle repairs and auto body services to other state agencies. Any excess funds are used to repair the Agencies fleet thus saving state funds.	\$201,950
5	N04	SCDC	3405	Prision Industries	7803	Sale of Services	Section 24-3-310 of the S.C. Code of Laws and Proviso 89.30.	To retain and collect revenue for a Labor pool of inmates at various institutions to provide contracted services for companies and/or other state agencies.	The Agency recoups some room and board from wages. This program also supports the Victim Assistance programs.		Various companies use inmate labor to perform services, or produce goods.	\$12,836,751
6	N04	SCDC	3405	Prision Industries	7861	Sale of Other-Non Capital	Section 24-3-330 of the S.C. Code of Laws and Proviso 89.30.	To retain and collect revenue generated by the sale of inmate produced goods such as furniture, printing, signs, and retreaded tires	The Agency recoups some room and board from wages. This program also supports the Victim Assistance programs.		Revenue is generated by the inmate goods produced and sold by Prison Industries to various government agencies and not for profit organizations.	\$9,577,164

Revenue Object Codes - CORRECTIONS

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
N04	SCDC	3408	Canteen Funds	7802	Sale of goods	Section 24-3-20 of the S.C. Code of Laws and Proviso 51.2.	To retain and collect revenue to provide Canteen items to inmates.	Canteen Branch is self supporting entity within the Department of Corrections.		Revenue is generated entirely on the sale of items to inmates.	\$15,389,555
N04	SCDC	3408	Commission-Vending Mach & Telephones	7825	Commissions Canteen Laundry	Section 24-3-20 of the S.C. Code of Laws and Proviso 51.2.	To retain and collect revenue to provide other services to inmates	Canteen Branch is self supporting entity within the Department of Corrections.		The canteen operation requires a minimum 60 day cash balance to replensh and maintain inventory.	\$1,015,148
N04	SCDC	3468	Confiscated Cash	5750	Conviction Surcharges	SC Code of Laws Title 14, Chap 1 §14-1-212	To retain fees and revenue Used for general operating Funds	Used for general operating Funds		Funding provided from the collection of fees and fines for speeding, and/or traffic tickets.	\$2,879,291
N04	SCDC	3541	Education Finance Act/Operating Revenue	4001	Allocation from State Agencies	Section-24-25-10, of the S.C. Code of Laws. 1981	To retain revenue to fund educational services to inmates	Education Division	Act 135 of 1993. Section H63, 1A.9	These funds are restricted for educational programs. Funds are received from the Dept. of Education based on the 145 day student count.	\$2,667,356
N04	SCDC	3626	Recyling Program	7823	Sale of Recyling Material		To retain revenue to repair, replace aging equipment and pay salaries for the program.	To repair, replace aging equipment and pay salaries for the program.		Fees generated from the collections of recycled materials from other State agencies.	\$468,773
N04	SCDC	3805	Misc Revenue	7201	Misc. Revenue	Section 24-3-130	Operating Exp			Reimbursement for postage, copies, and hygiene supplies.	\$209,048
N04	SCDC	3805	Sale of Services	7803	Sale of Services	Section 24-3-130	Operating Exp			Charges to various cities and counties for inmate labor utilized. Contract exist with these government agencies.	\$203,615

Revenue Object Codes - CORRECTIONS

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Rhonda Walker
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	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
14	N04	SCDC	3872	Social Security Contract	7201	Misc. Revenue	Proviso 51.9	Allows the department to recoup costs for providing information regarding incarcerated individuals to the Social Security Administration.	Supplements appropriated funds		From the Social Security Administration under Section 1611 (e)(1)(i) of the Social Security Act. All funds shall be retained by SC Dept. of Corrections for the care and custody of inmates housed in the facilities.	\$183,600
15	N04	SCDC	39H2	Increased Enforcement Collections	7274	Non Recurring Operating Transfers	FY11 Proviso 90.16	Operating Exp	Additional Appropriations for Security		The Dept. of Revenue shall continue efforts on enforced collections and outstanding liabilities to be disbursed quarterly on a Pro rata basis according to Proviso 90.16.	\$8,571,992
16	N04	SCDC	3948	Misc Transfer - Other Funds	7221	Misc Transfer Other Funds	Omnibus Criminal Act 1995	Operating Exp Shock and YOI			The Omnibus Criminal Act - for the Shock Incarceration Program	\$1,295,000
17	N04	SCDC	3959	Sale of Timber	4902	Sale of Timber	Section 24-1-250	To collect and retain revenue to produce agricultural items for consumption by the inmate population.	Supports the Farm Program and reduces Agency food expenditures.	Section 24-1-250	Revenue is generated from the sale of timber to commercial entities.	\$169,127
18	N04	SCDC	3959	Sale of Services	7803	Sale of Services	Section 24-3-131	To collect and retain revenue to fund the program as well as to fund horticulture	Inmate Growth and Motivation		This is the Palmetto Pride portion of fund 3959.	\$180,550
19	17	SCDC	3959	Farm Proceeds	7804	Sale of Farm and Nursery	Section 24-1-252	To collect and retain revenue to produce agricultural items for consumption by the inmate population.	Supports the Farm Program and reduces Agency Food expenditures.	Section 24-1-252	Revenue is generated from the sale of farm goods to other state agencies as well as non state entities.	\$4,421,393
20	N04	SCDC	3975	Victim Assistance Fund	4838	Victim Restitution Fees	Public Law 98-473, Victims of Crime Act of 1984. Sec 24-3-40 A(2)(b)	To deposit 10% of wages collected from inmates to support Victim Assistance Programs.	10% ia also retained by SCDC to support vicitms of the incarcerated population.	However, SC code section 24-3-40A2 requires SCDC to revert all excess funds to the Victim Services programs.	Collection of fees from inmates working in the community and at prison industries PIE jobs.	\$1,598,935
21	N04	SCDC	3959	Misc Transfer - Other Funds	7221	Misc Transfer Other Funds					Transfer of funds to Farm Non Revenue	\$950,000
22	N04	SCDC	3987	Adult Basic Education	4001	Allocation from State Agencies	Section-24-25-10, of the S.C. Code of Laws. 1981	To retain allocations from the Department of Education for Adult Basic Ed.	Adult Basic Education programs as well as Literacy programs for inmates		Allocations from the State Department of Education, based on inmate student counts and number of hours instucted.	\$0

Revenue Object Codes - CORRECTIONS

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Rhonda Walker
Contact Phone Number: 896-2962
Contact E-mail Address: Walker.Rhonda@doc.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
23 N04	SCDC	4973	Education Improvement Act	4001	Allocation from State Agencies	H63, Education Improvement Act of 1984	To retain revenues from the Education Improvement Act	Supports Educational teachers salaries.	SC Code of Law 59-21-1020 and H63 1A.23	These revenues are provided by the Department of Education and are restricted for salaries and fringes for SCDC teachers.	\$445,031

Agency Subfunds - CORRECTIONS
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Rhonda Walker
Contact's Phone Number: 803-896-2962
Contact's E-mail Address: Walker.Rhonda@doc.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	N04	SCDC	3035	Operating Rev	2605	\$1,382,724	\$1,626,906	85.0%	From inmates authorized to work in the community or in a prison industry program. Fees for inmate room and board. These fees are needed to offset the room and board expenses.
2	N04	SCDC	3149	Maint/Repairs-Insurance reimbursement	7702	\$693,070	\$547,599	126.6%	Funds received as a result of an insurance claim. Used for noncapital projects to repair, maintain or replace damaged buildings. Since insurance losses can not be budgeted the Agency needs the flexibility to carry forward and spend these funds when they are received.
3	N04	SCDC	3197	Motor Pool	7803	\$306,356	\$38,576	794.2%	Motor pool funds are generated from vehicle repairs and auto body services to other state agencies. Any excess funds are used to repair the Agencies fleet thus saving state funds.
4	N04	SCDC	3262	Construction-Other	7803	59,000	\$40,306	146.4%	The Department provides small construction/renovation services for other state agencies. Since these can overlap Fiscal Years , the Department needs to carry forward these funds.
5	N04	SCDC	3405	Prison Industries	3804, 7201, 7802, 7803, 7823, 7902	\$1,593,734	\$21,483,493	7.4%	Prison Industries requires a minimum 60 day cash balance to purchase raw materials and supplies.
6	N04	SCDC	3408	Sale of Goods-Canteen	7802	\$3,116,200	\$16,489,021	18.9%	The canteen operation requires a minimum 60 day cash balance to replensh and maintain inventory.
7	N04	SCDC	3468	Confiscated Cash	5750, 5801, 7201	\$651,494	\$0	0.0%	Used for general operating purposes. These funds are budgeted based on revenue estimates, if the actual revenue exceeds estimates then year end balance may exceed 16.5%. This excess can be used in future years.
8	N04	SCDC	3472	Special Funds-Indirect Costs	2802, 7201, 7234	\$18,739	\$0	0.0%	Funds are remitted for indirect/overhead in the administration of grants.Expenditures vary from year to year depending on the number and type of grants; therefore it may be necessary to carry forward a balance greater than 16.5%.
9	N04	SCDC	3541	Education Finance Act/Operating Revenue	4001	\$1,497,942	\$2,273,122	65.9%	These funds are restricted for educational programs. Funds are received from the Dept. of Education based on the 145 day student count.

Agency Subfunds - CORRECTIONS
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Rhonda Walker
Contact's Phone Number: 803-896-2962
Contact's E-mail Address: Walker.Rhonda@doc.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
10	N04	SCDC	3585	Clinical Pastorial Education	4858	\$912	\$0	0.0%	Registration fees collected from students(Chaplins in training), to be used in the continued operation of the program. Restricted to this program.
11	N04	SCDC	3626	Recycling Program	7823	\$300,784	\$186,166	161.6%	Funds received from the sale of recycled material. Funds are used to pay salaries and purchase needed supplies and materials,Funds in excess of 16.5% will be used to repair or replace equipment.
12	N04	SCDC	3872	Social Security Contract	7201	\$183,600	\$0	0.0%	These funds are used for the care and custody of inmates per proviso 37.12. A balance in excess of 16.5% is required for emergencies.
13	N04	SCDC	3948	Omnibus Criminal Act	4834	\$131,612	\$1,317,032	10.0%	These funds are used to operate the Agencies Shock Incarceration program. No longer funded by PPP. Year end fund balance will generally be zero.
14	N04	SCDC	3958	Sale of Assets	7804, 7820, 7853, 7861, 7902	\$25,804	\$0	0.0%	These funds are derived from the sale of surplus property. Proceeds are used to purchase like-kind replacement assets. Funds in excess of 16.5% will be used to replace obsolete equipment.
15	N04	SCDC	3959	Farm Proceeds	4902, 7402, 7803,7804	\$549,887	\$5,498,750	10.0%	Revenue derived from the sale of excess agricultural products produced by the farm program. A 60 day cash balance is required to purchase raw materials and supplies Excess funds are used to enhance and expand the operation and thus save the State funds.
16	N04	SCDC	3975	Victim Assistance Fund	4838	\$1,036,154	\$771,993	134.2%	These funds pay required fees to DPS, cover the full cost of Victims Services including the SAVIN system, its equipment maintenance as well as software upgrades. These funds are also committed to the development of the improved statewide database for victim notification.
17	N04	SCDC	3987	Adult Basic Education	4001	\$46,237	\$6,586	702.1%	These funds are restricted for educational programs for adult offenders, any excess beyond 16.5% are used to continue funding as the inmate population dictates.
18	N04	SCDC	3993	Personnel Reimbur	7221	\$5,967	\$4,382	0.0%	Funds received from General Services for the security detail supervising inmate workers on the State House Complex.
19	N04	SCDC	4973	Educ Improve Act	4001, 4005, 7201, 7221	\$355,375	\$332,341	106.9%	These funds are generated based on the Professional Certified listing of teachers in our school district. Restricted for salaries and fringe benefits.

SC Department of Probation, Parole and Pardon Services

FY 2010-2011

Proviso 89.92 (GP: Fines and Fees Report)

In order to promote accountability and transparency, each state agency must provide and release to the public via the agency's website, a report of all aggregate amounts of fines and fees that were charged and collected by that state agency in the prior fiscal year. The report shall include, but not be limited to: (1) the code section, regulation, or proviso that authorized the fines and fees to be charged, collected, or received; (2) the amount received by source; (3) the purpose for which the funds were expended by the agency; (4) the amount of funds transferred to the general fund, if applicable, and the authority by which the transfer took place; and (5) the amount of funds transferred to another entity, if applicable, and the authority by which the transfer took place, as well as the name of the entity to which the funds were transferred. The report must be posted online by September first. Additionally, the report must be delivered to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee by September first. Funds appropriated to and/or authorized for use by each state agency shall be used to accomplish this directive.

SC Department of Probation, Parole and Pardon Services

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Fund	STARS Object Code	General Ledger		Revenue Amount	Page Number
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32690000	4826	4370140000	PROB & PAROLE SUPV	1,147,169	4
32690000	4826	4370140001	PROB&PAR YTH OFFEND	13,607	4
30350000	4877	4150040000	ELECTRONIC MONT FEE	390,567	5
30350000	4719	4150070000	EXTRADITION FEE	5,906	6
30350000	7201	4530030000	MISC REVENUE	0	7
32730000	4880	4150050000	COLLECTION FEE	1,245,654	9
34650000	4877	4150040000	ELECTRONIC MONT FEE	14,322	10
34650000	4877	4370140000	PROB & PAROLE SUPV	6,713	10
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39480000	5701	4220010001	COURT FINES-General Sessions	435,693	14
39480000	5701	4220010002	COURT FINES-Magistrate	6,556,611	14
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30350000	4887	4370150000	INTERSTATE COMP APPL	76,451	15
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30350000	7201	4225130000	PUB SER EMP SET-UP	34,608	17

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Fund	STARS Object Code	General Ledger		Revenue Amount	Page Number
30350000	4538	4150030000	PARDON APPL FEE	60,700	11
30350000	4719	4150070000	EXTRADITION FEE	5,906	6
30350000	4811	4110130000	COURT COURT-Circuit Court	680,597	14
30350000	4826	4370140000	PROB & PAROLE SUPV	11,735,674	3
30350000	4877	4150040000	ELECTRONIC MONT FEE	390,567	5
30350000	4887	4370150000	INTERSTATE COMP APPL	76,451	15
30350000	7201	4530030000	MISC REVENUE	0	7
30350000	7201	4225120000	OFF DRUG TEST FEE	210,316	16
30350000	7201	4225130000	PUB SER EMP SET-UP	34,608	17
32690000	4826	4370140000	PROB & PAROLE SUPV	1,147,169	4
32690000	4826	4370140001	PROB&PAR YTH OFFEND	13,607	4
32730000	4880	4150050000	COLLECTION FEE	1,245,654	9
34650000	4877	4150040000	ELECTRONIC MONT FEE	14,322	10
34650000	4877	4370140000	PROB & PAROLE SUPV	6,713	10
39480000	5701	4220010000	COURT FINES	1,105,935	14
39480000	5701	4220010001	COURT FINES-General Sessions	435,693	14
39480000	5701	4220010002	COURT FINES-Magistrate	6,556,611	14
39480000	5701	4220010003	COURT FINES-Municipal	3,032,143	14

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Regular Supervision Fees:

Section of the SC Code of Laws:

SECTION 24 21 80. Probationers and parolees to pay supervision fee; intensive supervision fee; hardship exemption; delinquencies; substitution of public service.

An adult placed on probation, parole, or community supervision shall pay a regular supervision fee toward offsetting the cost of his supervision for so long as he remains under supervision. The regular supervision fee must be determined by the Department of Probation, Parole, and Pardon Services based upon the ability of the person to pay. The fee must be not less than twenty dollars nor more than one hundred dollars per month. The fee is due on the date of sentencing or as soon as determined by the department and each subsequent anniversary for the duration of the supervision period. The department shall remit from the fees collected an amount not to exceed the regular supervision fees collected during fiscal year 1992 93 for credit to the State General Fund. All regular supervision fees collected in excess of the fiscal year 1992 93 amount must be retained by the department, carried forward, and applied to the department's operation. The payment of the fee must be a condition of probation, parole, or community supervision, and a delinquency of two months or more in making payments may operate as a revocation.

Fee: As of 07/01/09: \$0 - \$4,000 is \$50.00 per supervision month
\$4,001 – over is \$4,100.00 per supervision month

FY10-11 revenue received by source:

30350000		
4370140000 (4826)	PROB & PAROLE SUPV	11,735,674

Purpose for which funds were expended: To offset the cost of supervision as long under supervision.

General Fund transfer: 3,392,808

Funds transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Intensive Supervision Fee:

Section of the SC Code of Laws:

SECTION 24 21 80. If a probationer is placed under intensive supervision by a court of competent jurisdiction, or if the board places a parolee under intensive supervision, or if an inmate who is participating in the Supervised Furlough Program is placed under intensive supervision, or if a person participating in a community supervision program is placed under intensive supervision, the probationer, parolee, inmate, or community supervisee is required to pay not less than ten dollars nor more than thirty dollars each week for the duration of intensive supervision in lieu of the regular supervision fee. The intensive supervision fee must be determined by the department based upon the ability of the person to pay. Fees derived from persons under intensive supervision must be retained by the department, carried forward, and applied to the department's operation. The department may exempt any individual supervised by the department on any community supervision program from the payment of a part or all of the yearly or weekly fee during any part or all of the supervision period only if the department determines that exceptional circumstances exist such that these payments work a severe hardship on the individual. Delinquencies of two months or more in payment of a reduced fee operates in the same manner as delinquencies for the full amount. The department may substitute public service employment for supervision fees when it considers the same to be in the best interest of the State and the individual.

Fee: As of 7/01/08: \$0 - \$4,000 \$20.00 per supervision week
\$4,001 – or over \$30.00 per supervision week

FY10-11 revenue received by source:

32690000		
4370140000 (4826)	PROB & PAROLE SUPV	1,147,169
4370140001 (4826)	PROB&PAR YTH OFFEND	13,607

Purpose for which funds were expended: To Offset cost of supervision for as so long under supervision.

General fund transfer: N/A

Funds transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Electronic Monitoring Fee

Section of the SC Code of Laws:

SECTION 24 21 85. Electronic monitoring fees. Every person placed on electronic monitoring must be assessed a fee to be determined by the Department of Probation, Parole and Pardon Services in accordance with Section 24 21 80, as long as he remains in the electronic monitoring program. The payment of the fee must be a condition of supervision of any program administered by the department and a delinquency of two months or more in making payments may operate as a revocation. All fees generated by this assessment must be retained by the department to support the electronic monitoring program and carried forward for the same purpose.

Fee: As of 7/01/08: \$20.00 per week

FY10-11 revenue received by source:

30350000		
4150040000 (4877)	ELECTRONIC MONT FEE	390,567

Purpose for which funds were expended: To offset set the cost of monitoring the offender in the electronic monitoring program.

General fund transfer: N/A

Funds transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Extradition Fee:

Section of the SC Code of Laws:

SECTION 24 21 87 (DPPP: Cost of Extradition) The department may charge offenders a fee based on the number of miles and length of time required to perform an extradition. The fee is to be used to offset the cost of extradition. All unexpended funds at year-end may be retained and carried forward by the department to be expended for the same purpose.

Fee: Based on miles and distance.

FY10-11 revenue received by source:

30350000		
4150070000 (4719)	EXTRADITION FEE	5,906

Purpose for which funds were expended: To offset the cost extradition. No revenue gain associated.

General Fund transfer: N/A

Funds Transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Miscellaneous Revenue

Section of the SC Code of Laws:

Section 24-21-87 The department may charge a fee to offenders required to have maintenance polygraphs. This fee may not exceed the actual cost of the maintenance polygraph. All unexpended funds at year-end may be retained and carried forward by the department to be expended for the same purpose.

Fee: As of 7/01/11: \$25.00 per test

FY10-11 revenue received by source:

30350000		
45300030000 (7201)	MISC REVENUE	0.00

Purpose for which funds were expended: To offset the cost of the polygraph examination.

General Fund transfer: N/A

Funds transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Miscellaneous Revenue:

Section of the SC Code of Laws:

Section 24-21-480: Fees are collected by the Department from offenders ordered to the residential center. The offender's salary is distributed in the following manner:

1. Restitution to the victim or payment to the account established pursuant to the Victims of Crime Act of 1984.
2. Payment of child support or alimony or other sums as ordered.
3. Payment of any fines or court fees due
4. Payment of six dollars and fifty cents per day for housing/food in lieu of supervision fees while in the restitution center.
5. payment of any costs incurred while in the restitution center

The remainder must be deposited and given to the offender upon his discharge.

Transportation Fee as of 7/01/08: \$7.50 per trip.

Fee: N/A

FY10-11 revenue received by source: N/A

Purpose for which funds were expended: N/A

General Fund transfer: N/A

Funds transferred to other entity: N/A

Note: As of FY 2009: Residential Centers are currently closed due to budget reductions

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Dacor Admin Fee:

Section of the SC Code of Laws:

SECTION 24 21 490. Collection and distribution of restitution.

(A) The Department of Probation, Parole and Pardon Services shall collect and distribute restitution on a monthly basis from all offenders under probationary and intensive probationary supervision.

(B) Notwithstanding Section 14 17 725, the department shall assess a collection fee of twenty percent of each restitution program and deposit this collection fee into a separate account. The department shall maintain individual restitution accounts that reflect each transaction and the amount paid, the collection fee, and the unpaid balance of the account. A summary of these accounts must be reported to the Governor's Office, the President of the Senate, the Speaker of the House, the Chairman of the House Judiciary Committee, and the Chairman of the Senate Corrections and Penology Committee every six months following the enactment of this section.

(C) The department may retain the collection fees described in subsection (B) and expend the fees for the purpose of collecting and distributing restitution. Unexpended funds at the end of each fiscal year may be retained by the department and carried forward for use for the same purpose by the department.

Fee: 20% of the restitution amount paid

FY10-11 revenue received by source:

32730000		
4150050000 (4880)	COLLECTION FEE	1,245,654

Purpose for which funds were expended: To offset the operations of victims related programs such as Victims Services, Victim Service Coordinators in the county offices, and Trust Accounting.

General Fund transfer: N/A

Funds transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

GPS Monitoring Fees

Section of the SC Code of Laws:

Section 23-3-540 (Jessie's Law)

(K) The person must be charged for the cost of the active electronic monitoring device and the operation of the active electronic monitoring device for the duration of the time the person is required to be electronically monitored. The Department of Probation, Parole and Pardon Services may exempt a person from the payment of a part or all of the cost during a part or all of the duration of the time the person is required to be electronically monitored, if the Department of Probation, Parole and Pardon Services determines that exceptional circumstances exist such that these payments cause a severe hardship to the person. The payment of the cost must be a condition of supervision of the person and a delinquency of two months or more in making payments may operate as a violation of a term or condition of the electronic monitoring. All fees generated by this subsection must be retained by the Department of Probation, Parole and Pardon Services, carried forward, and applied to support the active electronic monitoring of sex offenders.

Fee: As of 7/1/09 - \$40 per week

FY10-11 revenue received by source:

34650000		
4150040000 (4877)	ELECTRONIC MONT FEE	14,322
4370140000 (4877)	PROB & PAROLE SUPV	6,713

Purpose for which funds were expended: To support the active electronic monitoring of sex offenders.

General fund transfer: N/A

Funds Transferred to Other Entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Pardon Application Fee:

Section of the SC Code of Laws:

SECTION 24 21 960 (Pardon application fee; re-application after denial.)

(A) Each pardon application must be accompanied with a pardon application fee of one hundred dollars. The pardon application fee must be retained and applied by the department toward the pardon process.

(B) Any individual who has an application for pardon considered but denied, must wait one year from the date of denial before filing another pardon application and fee.

Fee: As of 7/1/08 - \$100 per application

FY10-11 revenue received by source:

30350000		
4150030000 (4538)	PARDON APPL FEE	60,700

Purpose for which funds were expended: To offset the operating cost of the Parole Board and Parole Board Support.

General fund transfer: N/A

Funds transferred to other entity: N/A

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Administrative Monitoring Fees

Section of the SC Code of Laws:

Section 24 21 100 (B) An individual placed on administrative monitoring shall pay a regular monitoring fee towards offsetting the cost of his administrative monitoring for the period of time that he remains under monitoring. The regular monitoring fee must be determined by the department based upon the ability of the person to pay. The fee must not be more than ten dollars a month. All regular monitoring fees must be retained by the department, carried forward, and applied to the department's operation."

Fee: As of 1/1/11 - \$10 per month

FY10-11 revenue received by source:
No collection in FY 2011

Purpose for which funds were expended: To offset the operation of the Offender Supervision Program

General fund transfer: N/A

Funds transferred to other entity: N/A

SC Department of Probation, Parole and Pardon Services

Court Fees and Fines

Section of the SC Code of Laws:

Section 14-1-204 Distribution of filing fee paid for filing complaints or petitions in civil actions in a court of record. (A) The one hundred dollar filing fee for documents and actions described in Section 8-21-310(11)(a) must be remitted to the county in which the proceeding is instituted, and fifty-six percent of these filing fee revenues must be delivered to the county treasurer to be remitted monthly by the fifteenth day of each month to the State Treasurer. When a payment is made to the county in installments, the state's portion must be remitted to the State Treasurer by the county treasurer on a monthly basis. The fifty-six percent of the one-hundred-dollar fee prescribed in Section 8-21-310(11)(a) remitted to the State Treasurer must be deposited as follows:

- (1) 31.52 percent to the state general fund;
- (2) 7.23 percent to the Department of Mental Health to be used exclusively for the treatment and rehabilitation of drug addicts within the department's addiction center facilities;
- (3) 4.47 percent to the State Office of Victim Assistance under the South Carolina Victim's Compensation Fund;
- (4) 26.78 percent to the Defense of Indigents Per Capita Fund, administered by the Commission on Indigent Defense, which shall then distribute these funds on December thirty-first and on June thirtieth of each year to South Carolina organizations that are grantees of the Legal Services Corporation, in amounts proportionate to each recipient's share of the state's poverty population; and
- (5) 30.00 percent to the South Carolina Judicial Department.

(B)(1) There is added to the fee imposed pursuant to Section 8-21-310(11)(a) an additional fee equal to fifty dollars. One hundred percent of the revenue from this additional fee must be remitted to the State Treasurer on the monthly schedule provided in subsection (A). The revenues from this additional fee must be allocated in each fiscal year to the following agencies in the amounts specified:

- (a) Judicial Department--67.96 percent;
 - (b) Commission on Indigent Defense, Defense of Indigents per capita--14.56 percent;
 - (c) Department of Probation, Parole and Pardon Services--11.30 percent;
 - (d) Prosecution Coordination Commission--4.37 percent; and
 - (e) Commission on Indigent Defense, Division of Appellate Defense--1.81 percent.
- (2) Fee revenues allocated pursuant to this subsection are to be retained, expended, and carried forward by the agencies specified.

HISTORY: 1997 Act No. 155, Part II, Section 36B, eff July 1, 1997; 2002 Act No. 329, Section 3.C., eff July 1, 2002; 2008 Act No. 353, Section 2, Pt 23B, eff July 1, 2009.

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Fee: As of 07/01/2002 - \$6.32 per filing fee of \$100
(STO receives \$56 and of that, the department is distributed 11.30%)

FY10-11 revenue received by source:

30350000		
4110130000 4811	Circuit Court Filing Fees	680,597
39480000		
4220010000 5701	Court Fines	1,105,935
4220010001 5701	Court Fines-General Sessions	435,693
4220010002 5701	Court Fines-Magistrate	6,556,611
4220010003 5701	Court Fines-Municipal	3,032,143

Purpose for which funds were expended: To offset the operation of the Department.

General fund transfer: N/A

Funds transferred to other entity: N/A

SC Department of Probation, Parole and Pardon Services

FY 2011-2012 Proviso – Section 52

Interstate Compact Application Fee:

Proviso # 52.2 (DPPP: Interstate Compact Application Fee) The department may charge offenders an application fee set by the department, not to exceed \$100, to offenders applying for transfers out of state under the Interstate Compact Act. The application fee shall be retained by the department to offset the cost of the Interstate Compact Act. All unexpended funds at year-end may be retained and carried forward by the department to be expended for the same purpose.

Fee: As of 7/01/08 - \$100.00 per application

FY10-11 revenue received by source:

30350000		
4370150000 (4887)	INTERSTATE COMP APPL	76,451

Purpose for which funds were expended: To offset the operating cost of Interstate Compact Program.

General fund transfer: N/A

Funds transferred to other entity: N/A

SC Department of Probation, Parole and Pardon Services

Miscellaneous Revenue

Proviso # 52.5 (DPPP: Offender Drug Testing Fee) The department may charge offenders a fee set by the department, not to exceed \$50, for the purpose of having a drug test analyzed by a lab for offenders challenging the findings of a drug test administered by the department. If it is determined that the offender is indigent, this filing fee must be waived. The fee shall be retained by the department to offset the cost of the lab test. All unexpended funds at year-end may be retained and carried forward by the department to be expended for the same purpose.

Fee: As of 7/01/09 - \$20.00 per test

FY10-11 revenue received by source:

30350000		
4225120000 (7201)	OFF DRUG TEST FEE	210,316

Purpose for which funds were expended: To offset the cost of the lab test and supplies.

General Fund transfer: N/A

Funds transferred to other entity: N/A

Note: FY11 revenue was recorded in Miscellaneous Revenue. A new General Ledger account was established in FY12.

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

SC Department of Probation, Parole and Pardon Services

Miscellaneous Revenue:

Proviso # 52.6 (DPPP: Public Service Employment Set-Up Fee) In addition to any other fee, the department may charge an adult offender placed under the jurisdiction of the department, who is ordered to public service employment by the court, a twenty five dollar Public Service Employment set-up fee. The fee must be retained by the department and applied to the department's supervision process. The department shall submit a report to the Chairman of the Senate Finance Committee and the Chairman of the House Ways and Means Committee on the number of offenders who are assessed the set-up fee and the amount of funds collected.

Fees: As of 7/01/09 - \$25.00

FY10-11 revenue received by source:

30350000		
4225130000 (7201)	PUB SER EMP SET-UP	34,608

Purpose for which funds were expended: To offset the cost of the supervision process.

General Fund transfer: N/A

Funds transferred to other entity: N/A

Note: FY11 revenue was recorded in Miscellaneous Revenue. A new General Ledger was established in FY12.

SCDPPPS

89.92 General Proviso: Fines and Fees Report

Updated 01/31/2012

Revenue Object Codes (Revised 11/30/10)

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Cheryl M. Thompson
 Contact Phone Number: (803) 734-9238
 Contact E-mail Address: CThompson@ppp.state.sc.us

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	N080	SCDPPPS	3035	Operating Revenue	4811	Circuit Court Filing Fees	Section 14-1-204 (B) (1) c	To record circuit court filing fees	Offender Supervision Administration	Section 14-1-204 (B) 2	Fees collected by Circuit Courts from offenders.	\$680,597
2	N080	SCDPPPS	3035	Operating Revenue	4826	Regular Supervision Fees	Section 24-21-80	To offset the cost of supervision for so long as under supervision	Offender Supervision; Administration Parole Board	Section 24-21-80	Fees collected by Department from offenders; not less than \$20 nor greater than \$100 per month.	\$8,354,973
3	N080	SCDPPPS	3035	Operating Revenue	4877	Electronic Monitoring	Section 24-21-85	Every person placed on electronic monitoring shall be assessed a fee	Offender Supervision Administration	Section 24-21-85	Fees collected by the Department from offenders placed on electronic monitoring: not to exceed actual cost of program	\$390,556
4	N080	SCDPPS	3152	DNA Reimbursement	7221	Transfer	Section 23-3-670	Transfer revenue to SLED	Offender Supervision Administration	n/a	Fees collected for DNA sampling. The revenue- minus programatic operating costs is distributed to SLED. The carry forward funds have been transferred to SLED.	\$248,808
5	N080	SCDPPPS	3269	Supervised Furlough Rev	4826	Intensive Supervision Fees	Section 24-21-80	To offset the cost of supervision for so long as under supervision	Offender Supervision; Administration Parole Board	Section 24-21-80	Fees collected by the Department from offenders not less than \$10 nor greater than \$30 per week	\$1,160,768
6	N080	SCDPPS	3269	Supervised Furlough Rev	7221	Transfer	n/a	Temporary Cash Transfer	Offender Supervision	n/a	Cash transfer from 380970000 to temporary fund operations. Cash returned to fund in FY12.	\$100,000
7	N080	SCDPPS	3273	Dacor-Admin Fee	7221	Transfer	n/a	Temporary Cash Transfer	Offender Supervision	n/a	Cash transfer from 380970000 to temporary fund operations. Cash returned to fund in FY12.	\$100,000
8	N080	SCDPPPS	3273	Dacor-Admin Fee	4880	Collection Fees	Section 24-21-490 (B)	To retain and expend for the purpose of collecting and distributing restitution	Offender Supervision Administration	Section 24-21-490 (B)	Fees collected by the Department from offenders 20% of restitution amount ordered by court.	\$1,245,655
9	N080	SCDPPPS	3948	Omnibus Criminal Act-1985	5701	Court Fines	Section 14-1-204 (B) (1) c	To record court filing fees	Offender Supervision Administration Parole Board Residential Programs	Section 14-1-204 (B) 2	Court Fees collected by Magistrate, Municipal, General Sessions courts from offenders.	\$11,130,382
10	N080	SCDPPPS	39H2	Increased Enforced Collections	7274	Increased Enforced Collections	Proviso 90.16	To record receipt of Increased Enforcement by the SCDOR	Offender Supervision	Proviso 90.16	Taxes collected by the SCDOR via Increased Collection Efforts and distributed by the General Assembly under Proviso 90.16.	\$577,000
11												

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Cheryl M. Thompson
Contact's Phone Number: (803) 734-9238
Contact's E-mail Address: CThompson@ppp.state.sc.us

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	N080	SCDPPPS	34650000	Sex Offender Monitoring	4826;4877	\$126,153	\$0	#DIV/0!	Restricted - must be used for expenditures related to the Sex Offender Monitoring. Cash carry forward is being utilized in FY12.
2	N080	SCDPPPS	31520000	DNA-Reimbursement	7221	\$544,675	\$42,041	1295.6%	DNA fees are collected and remitted to SLED. As of 01/31/2012 the cash balance is \$21,035.
3	N080	SCDPPPS	30350000	Operating Revenue	4538; 4719; 4811;4826;4877; 3801,4887;7201; 7221; 7274;	\$4,153,107	\$6,640,362	62.5%	Operating revenue funds are budgeted based on estimates of revenue and expenditures. The cash carry forward increase is due to the stimulus funding the agency received in FY10 and FY11 and will be utilized.
4	N080	SCDPPPS	32730000	Dacor-Admin Fee	4880	\$446,104	\$925,793	48.2%	Restricted- Revenue funds may only be used for expenditures related to victims.
5	N080	SCDPPPS	39480000	Omnibus Criminal Act	5701;7201	\$3,839,454	\$8,563,361	44.8%	Operating revenue funds are budgeted based on estimates of revenue and expenditures. The cash carry forward increase is due to the stimulus funding the agency received in FY10 and FY11 and will be unitlized.
6	N080	SCDPPPS	32690000	Supervised Furlough Revenue	4826	\$353,745	\$929,757	38.0%	Operating revenue funds are budgeted based on estimates of revenue and expenditures. The cash carry forward increase is due to the stimulus funding the agency received in FY10 and FY11 and will be unitlized.
7	N080	SCDPPPS	39H20000	FY10 Inc Enforcement	7274	\$53,322	\$523,678	10%	
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South Carolina Department of Juvenile Justice

Proviso 89.92 (GP: Fines and Fees Report)

FY 2010 - 2011

Law Enforcement Funding

Section of the SC Code of Laws:

SECTION 14-1-212. Surcharges on fines; distribution.

(A) In addition to all other assessments and surcharges, a twenty-five dollar surcharge is imposed on all fines, forfeitures, escheatments, or other monetary penalties imposed in the general sessions court or in magistrates or municipal court for misdemeanor traffic offenses or for nontraffic violations. No portion of the surcharge may be waived, reduced, or suspended.

(B)(1) The revenue collected pursuant to subsection (A) must be retained by the jurisdiction which heard or processed the case and paid to the State Treasurer within thirty days after receipt. The State Treasurer may retain in a fiscal year the actual cost associated with the collection of this surcharge not to exceed forty thousand dollars. The State Treasurer shall allocate and transfer quarterly the remaining revenue as follows:

(a) 18.50 percent to the Prosecution Coordination Commission for allocations to circuit solicitors in the manner provided pursuant to this subsection for the operations of solicitors' offices, a portion of which, at the option of a solicitor, may be used for drug courts in the judicial circuit;

(b) 22.10 percent to the Department of Juvenile Justice for the Coastal Evaluation Center, for Assault Prevention, and other federal lawsuit related expenses;

(c) 15 percent to the State Law Enforcement Division for its general purposes;

(d) 15 percent to the Department of Corrections for its general purposes;

(e) 3.75 percent to the Office of the Attorney General for its general purposes;

(f) 8.56 percent to the Judicial Department for its general purposes;

(g) 1.55 percent to the Department of Natural Resources for statewide police responsibilities;

(h) 1 percent to the Office of Indigent Defense, Division of Appellate Defense for its general purposes;

(i) 0.10 percent to the Forestry Commission for statewide police responsibilities; and

(j) 14.44 percent to the Department of Public Safety for the Highway Patrol Division for equipment, vehicle purchases, and associated vehicle expenses, including maintenance and gasoline.

(2) The State Treasurer shall transmit the portion of these funds earmarked for the solicitors' offices to the Prosecution Coordination Commission which then shall apportion these funds among the circuit solicitors of this State on a per capita basis equal to the population in that circuit compared to the population of the State as a whole based on the most recent official United States Census. Amounts generated by this section for use by solicitors' offices must be in addition to any amounts presently being provided by the county for these services and may not be used to supplant funding already allocated for these services by the county.

(C) The State Treasurer may request the State Auditor to examine the financial records of any jurisdiction which he believes is not timely transmitting the funds required to be paid to the State Treasurer pursuant to subsection (B). The State Auditor is further authorized to conduct these examinations and the local jurisdiction is required to participate in and cooperate fully with the examination.

FY10-11 revenue received by source:

30350006		
5750	Law Enforcement Funding	\$4,242,157

Purpose for which the funds were expended: Fund the Coastal Evaluation Center, Assault Prevention and other federal lawsuit related expenses.

Amount transferred to the General Fund: \$0

Amount transferred to another entity: \$0

Juvenile Detention Services

Section of the SC Code of Laws:

SECTION 63-19-360. Institutional services.

The department shall provide institutional services which include, but are not limited to:

- (1) providing correctional institutional services for juveniles committed under this chapter;
- (2) managing, operating, and supervising Birchwood, Willow Lane, John G. Richards, and other facilities as the director may establish;
- (3) establishing and maintaining residential and nonresidential reception and evaluation centers at which all children committed to its custody by a circuit or family court must be received, examined, and evaluated before assignment to one of its institutions or before other disposition or recommendation is made concerning the child. The commitment of a child to a reception and evaluation center or youth correctional institution of the department may be made only after the child has been adjudicated delinquent. The evaluation conducted by the reception and evaluation centers includes, but is not limited to:
 - (a) a complete social, physical, psychological, and mental examination;
 - (b) an investigation and consideration of family and community environment and other facts in the background of the person concerned that might relate to the person's delinquency;
 - (c) a determination of the correctional or custodial care that would be most appropriate. The department shall create facilities and employ personnel as will enable the centers to conduct the necessary physical, mental, and psychological examinations required by this section;
- (4) providing juvenile detention services for juveniles charged with having committed a criminal offense who are found, after a detention screening or detention hearing, to require detention or placement outside the home pending an adjudication of delinquency or dispositional hearing. Detention services provided by the department for the benefit of the counties and municipalities of this State must include secure juvenile detention centers. The size and capacity of the juvenile detention facilities needed must be determined by the department after its consideration and review of minimum standards for local detention facilities in South Carolina for the design, construction, and operation of juvenile detention centers. These recognized state standards must be met or exceeded by the department in determining the size and capacity of the juvenile detention centers and in planning for the construction and operation of the facilities. The department shall determine and announce the anticipated maximum operational capacity of each facility and shall contact each county and municipal governmental body in this State for the purpose of determining which counties or municipalities anticipate utilizing these facilities upon each facility becoming operational. The department shall inform each county and municipal governmental body of the existing state and federal laws regarding the confinement of juveniles charged with committing criminal offenses, of each county's and municipality's ability to develop its own facility or to contract with other counties or municipalities for the development of a regional facility, and of the availability of the department's facilities. This notice must be provided to each county and municipality for the purpose of determining which county governmental bodies desire to enter into an intergovernmental agreement with the department for the detention of juveniles from their particular community who are charged with committing a criminal offense for which pretrial detention is both authorized and appropriate. No later than September 1, 1993, the department shall report to the Budget and Control Board on the strategy of each county to comply with requirements of counties under this chapter. The department must include with its report a plan for the construction and the operation of those facilities which are projected to be necessary for the preadjudicatory detention of juveniles in this State. No later than September first of each subsequent year, the department shall report to the board on the status of all preadjudicatory juvenile detention facilities known to be operational or planned, regardless of ownership or management. Beginning with the report to the board which is due no later than September 1, 1996, the department must include an annual status report on the numbers of juveniles in pretrial detention who are awaiting disposition in general sessions court, whether they have been waived by the family court or whether they qualify due to the offense with which they are charged. The board then will coordinate with all responsible and affected agencies and entities to ensure that adequate funding is identified to prevent the detention or incarceration of juveniles who are awaiting

disposition by, or who are under the jurisdiction of, the family court in adult jails anywhere within the State of South Carolina and to prevent the detention of juveniles who are awaiting disposition by general sessions court in facilities which do not provide actual sight and sound separation from adults who are in detention or custody. Upon completion of each facility and upon the determination by the Jail and Prison Inspection Division of the Department of Corrections that each facility is staffed in accordance with relevant standards and can be operated in accordance with these standards, the division shall determine and announce the rated capacity of each facility. A facility operated by the Department of Juvenile Justice for the preadjudicatory detention of juveniles must be maintained and continued in operation for that purpose until approved for conversion or closure by the Budget and Control Board. However, a county or municipality which decides to maintain its own approved facilities or which has entered into a regional intergovernmental agreement, which has provided secure facilities for preadjudicatory juveniles, and which meets the standards set forth above, may continue to operate these facilities. County and regionally operated facilities are subject to inspection by the Jail and Prison Inspection Division of the Department of Corrections for compliance with the standards set forth above and those created pursuant to Section 24-9-20. The division has the same enforcement authority over county, municipal, and regionally operated secure juvenile detention facilities as that which is provided in Section 24-9-30.

In Department of Juvenile Justice operated facilities, the department shall determine an amount of per diem for each child detained in a center, which must be paid by the governing body of the law enforcement agency having original jurisdiction where the offense occurred. The per diem paid by the governing body of the law enforcement agency having original jurisdiction where the offense occurred must be based on the average operating cost among all preadjudicatory state facilities. The Department of Juvenile Justice must assume one-third of the per diem cost and the governing body of the law enforcement agency having original jurisdiction where the offense occurred must assume two-thirds of the cost. Per diem funds received by the department must be placed in a separate account by the department for operation of all preadjudicatory state facilities.

Transportation of the juvenile to and from a facility is the responsibility of the law enforcement agency having jurisdiction where the offense was committed. Transportation of juveniles between department facilities, if necessary, is the responsibility of the department;

(5) each secure facility which detains preadjudicatory youth longer than forty-eight hours, excluding weekends and state holidays, regardless of ownership or management, must have sufficient personnel to provide uninterrupted supervision and to provide administrative, program, and support requirements. Each of these facilities must have a minimum of two juvenile custodial officers on duty each shift, fully dressed, awake, and alert to operate the facility. At least one person shall directly supervise the juveniles at all times. At least one female juvenile custodial officer must be present and available to the female detention population at all times. Staff on duty must be sufficient to provide for a juvenile-staff ratio adequate for custody, control, and supervision, and to provide full coverage of all designated security posts, excluding administrative, program, and other support staff. Staff shall prepare further a facility schedule of preplanned, structured, and productive activities. Schedules must be developed which include designated times for sleeping, dining, education, counseling, recreation, visitation, and personal time. Daily schedules should minimize idleness and promote constructive use of the juvenile's day. The Department of Juvenile Justice shall provide educational programs and services to all preadjudicatory juveniles in its custody. County, municipal, and regionally operated facilities shall provide these services to all preadjudicatory juveniles under the jurisdiction of the family court and all pretrial juveniles awaiting general sessions court who are detained locally for more than forty-eight hours, excluding weekends and state holidays, by contracting with the Department of Juvenile Justice or by arranging the services through the local school district in which the facility is located. It shall be the responsibility of the school district where a local detention center which has been approved to detain juveniles is located to provide adequate teaching staff and to ensure compliance with the educational requirements of this State. Students housed in approved local detention centers are to be included in the average daily membership count of students for that district and reimbursement by the Department of Education shall be made accordingly. Services which are arranged locally must be approved by the Department of Juvenile Justice as meeting all criteria developed under the authority of Section 63-19-380. Special needs students who are detained locally shall have all services required by federal and state laws and regulations;

N12 Department of Juvenile Justice
Subfund: 3046
Revenue Object Code: 4702

(6) a county, municipality, or regional subdivision may provide temporary holdover facilities for juveniles only if the facilities comply with this section and with all standards created under the provisions of Section 24-9-20, which must be monitored and enforced by the Jail and Prison Inspection Division of the South Carolina Department of Corrections pursuant to its authority under Sections 24-9-20 and 24-9-30. The standards shall provide for the regulation of temporary holdover facilities with regard to adequate square footage, juvenile accommodations, access to bathroom facilities, lighting, ventilation, distinctions between secure and nonsecure temporary holdover facilities, staffing qualifications, and additional requirements as may be specified. These facilities may hold juveniles during the period between initial custody and the initial detention hearing before a family court judge for a period up to forty-eight hours, excluding weekends and state holidays. Preadjudicatory juveniles who are subsequently transferred to a juvenile detention center may be housed in a temporary holdover facility when returned to the community for a court appearance. However, the temporary housing shall not exceed forty-eight hours.

FY10-11 revenue received by source:

30460000		
4702	Juvenile Detention Services	\$1,663,513

Purpose for which the funds were expended: Fund operation of DJJ Detention Center.

Amount transferred to the General Fund: \$0

Amount transferred to another entity: \$0

Court Fines – Detention Center

Section of the SC Code of Laws

SECTION 14-1-208. Additional assessment, municipal court; remittance; disposition; annual audits.

(A) A person who is convicted of, or pleads guilty or nolo contendere to, or forfeits bond for an offense occurring after June 30, 2008, tried in municipal court must pay an amount equal to 107.5 percent of the fine imposed as an assessment. This assessment must be paid to the municipal clerk of court and deposited with the city treasurer for remittance to the State Treasurer. The assessment is based upon that portion of the fine that is not suspended, and assessments must not be waived, reduced, or suspended. The assessment may not be imposed on convictions for violations of Sections 56-3-1970, 56-5-2510, and 56-5-2530, or another state law, municipal ordinance, or county ordinance restricting parking in a prohibited zone or in a parking place clearly designated for handicapped persons.

(B) The city treasurer must remit 11.16 percent of the revenue generated by the assessment imposed in subsection (A) to the municipality to be used for the purposes set forth in subsection (D) and remit the balance of the assessment revenue to the State Treasurer on a monthly basis by the fifteenth day of each month and make reports on a form and in a manner prescribed by the State Treasurer. Assessments paid in installments must be remitted as received.

(C) After deducting amounts provided pursuant to Section 14-1-210, the State Treasurer shall deposit the balance of the assessments received as follows:

(1) 14.04 percent for programs established pursuant to Chapter 21 of Title 24 and the Shock Incarceration Program as provided in Article 13, Chapter 13 of Title 24;

(2) 13.89 percent to the Law Enforcement Training Council for training in the fields of law enforcement and criminal justice;

(3) .36 percent to the Department of Public Safety to defray the cost of erecting and maintaining the South Carolina Law Enforcement Officers Hall of Fame. When funds collected pursuant to this item exceed the necessary costs and expenses of the South Carolina Law Enforcement Officers Hall of Fame operation and maintenance as determined by the Department of Public Safety, the department may retain, carry forward, and expend the surplus for the purpose of defraying the costs of maintaining and operating the Hall of Fame;

(4) 10.38 percent for the State Office of Victim Assistance;

(5) 11.53 percent to the general fund;

(6) 10.56 percent to the Office of Indigent Defense for the defense of indigents;

(7) .89 percent to the Department of Mental Health to be used exclusively for the treatment and rehabilitation of drug addicts within the department's addiction center facilities;

(8) .54 percent to the Office of the Attorney General for a fund to provide support for counties involved in complex criminal litigation. For the purposes of this item, "complex criminal litigation" means criminal cases in which the State is seeking the death penalty and has served notice as required by law upon the defendant's counsel and the county involved has expended more than one hundred thousand dollars for a particular case in direct support of operating the court of general sessions and for prosecution-related expenses. The Attorney General shall develop guidelines for determining what expenses are reimbursable from the fund and shall approve all disbursements from the fund. Funds must be paid to a county for all expenditures authorized for reimbursement under this item except for the first one hundred thousand dollars the county expended in satisfying the requirements for reimbursement from the fund; however, money disbursed from this fund must be disbursed on a "first received, first paid" basis. When revenue in the fund reaches five hundred thousand dollars, all revenue in excess of five hundred thousand dollars must be credited to the general fund of the State. Unexpended revenue in the fund at the end of the fiscal year carries over and may be expended in the next fiscal year;

(9)(a) 9.16 percent to the Department of Public Safety for the programs established pursuant to Section 56-5-2953(E); and

(b) 1.31 percent to SLED for the programs established pursuant to Section 56-5-2953(E);

(10) 13.61 percent to the Governor's Task Force on Litter and in the expenditure of these funds, the provisions of Chapter 35 of Title 11 do not apply;

(11) 13.61 percent to the Department of Juvenile Justice. The Department of Juvenile Justice must apply the funds generated by this item to offset the nonstate share of allowable costs of operating juvenile detention centers so that per diem costs charged to local governments utilizing the juvenile detention centers do not exceed twenty-five dollars a day. Notwithstanding this provision of law, the director of the department may waive, reduce, defer, or reimburse the charges paid by local governments for juvenile detention placements. The department may apply the remainder of the funds generated by this item, if any, to operational or capital expenses associated with regional evaluation centers; and

(12) .12 percent to the Office of the State Treasurer to defray the administrative expenses associated with the collecting and distributing the revenue of these assessments.

(D) The revenue retained by the municipality under subsection (B) must be used for the provision of services for the victims of crime including those required by law. These funds must be appropriated for the exclusive purpose of providing victim services as required by Article 15 of Title 16; specifically, those service requirements that are imposed on local law enforcement, local detention facilities, prosecutors, and the summary courts. First priority must be given to those victims' assistance programs which are required by Article 15 of Title 16 and second priority must be given to programs which expand victims' services beyond those required by Article 15 of Title 16. All unused funds must be carried forward from year to year and used exclusively for the provision of services for victims of crime. All unused funds must be separately identified in the governmental entity's adopted budget as funds unused and carried forward from previous years.

(E) To ensure that fines and assessments imposed pursuant to this section and Section 14-1-209(A) are properly collected and remitted to the State Treasurer, the annual independent external audit required to be performed for each municipality pursuant to Section 5-7-240 must include a review of the accounting controls over the collection, reporting, and distribution of fines and assessments from the point of collection to the point of distribution and a supplementary schedule detailing all fines and assessments collected at the court level, the amount remitted to the municipal treasurer, and the amount remitted to the State Treasurer.

(1) To the extent that records are made available in the format determined pursuant to subsection (E)(4), the supplementary schedule must include the following elements:

- (a) all fines collected by the clerk of court for the municipal court;
- (b) all assessments collected by the clerk of court for the municipal court;
- (c) the amount of fines retained by the municipal treasurer;
- (d) the amount of assessments retained by the municipal treasurer;
- (e) the amount of fines and assessments remitted to the State Treasurer pursuant to this section; and
- (f) the total funds, by source, allocated to victim services activities, how those funds were expended, and any balances carried forward.

(2) The supplementary schedule must be included in the external auditor's report by an "in relation to" paragraph as required by generally accepted auditing standards when information accompanies the basic financial statements in auditor submitted documents.

(3) Within thirty days of issuance of the audited financial statement, the municipality must submit to the State Treasurer a copy of the audited financial statement and a statement of the actual cost associated with the preparation of the supplemental schedule required in this section. Upon submission to the State Treasurer, the municipality may retain and pay from the fines and assessments collected pursuant to this section the actual expense charged by the external auditor for the preparation of the supplemental schedule required in this subsection, not to exceed one thousand dollars each year.

(4) The clerk of court and municipal treasurer shall keep records of fines and assessments required to be reviewed pursuant to this subsection in the format determined by the municipal governing body and make those records available for review.

N12 Department of Juvenile Justice
Subfund: 3908
Revenue Object Code: 5701

FY10-11 revenue received by source:

39080000		
5701	Court Fines – Detention Ctr	\$3,246,348

Purpose for which the funds were expended: Fund operation of DJJ Detention Center.

Amount transferred to the General Fund: \$0

Amount transferred to another entity: \$0

Dedicated Court Fines

Section of the SC Code of Laws

SECTION 14-1-218. Allocation of deposits pursuant to Sections 14-1-206(C)(6), 14-1-207(C)(5) and 14-1-208(C)(5). From the deposits made pursuant to Section 14-1-206(C)(6), Section 14-1-207(C)(5), and Section 14-1-208(C)(5), three million two hundred thousand dollars shall be allocated to the following agencies for support of the programs specified:

- (1) five hundred thousand dollars to the Department of Juvenile Justice for the Juvenile Arbitration Program;
- (2) four hundred fifty thousand dollars to the Department of Juvenile Justice for the Marine Institutes;
- (3) five hundred thousand dollars to the Department of Juvenile Justice for the regional status offender programs; and
- (4) one million seven hundred fifty thousand dollars to the Office of Indigent Defense.

FY10-11 revenue received by source:

39080001		
5701	Dedicated Court Fines	\$1,450,000

Purpose for which the funds were expended: Fund Juvenile Arbitration Program, Marine Institutes and regional status offender programs.

Amount transferred to the General Fund: \$0

Amount transferred to another entity: \$0

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Steven W. Lake
Contact Phone Number: 896-5638
Contact E-mail Address: swlake@scdjj.net

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
N12	SCDJJ	3035	Operating Revenue	5750	Conviction Surcharge	Section 14-1-212	To generate a recurring funding stream to support various state agencies by imposing a \$25 surcharge levied on all fines, forfeitures, escheatments, or other monetary penalties. Of the funds received, 22.10% come to DJJ to support the ongoing operations of the Coastal Evaluation Center , Assault Prevention and other federal lawsuit related expenses	Coastal Evaluation, Assault Prevention, Federal lawsuit related expenses.	Section 14-1-212	Those committing misdemeanor traffic offenses or nontraffic violations pay this assessment.	\$4,242,157
N12	SCDJJ	3046	Juvenile Detention Service	4702	Juvenile Detention Fee	69-19-360 and 14-1-208(11)	The original statute authorized DJJ to recover 2/3 of the cost of operating the Dentention Center from the local entites utilizing the center by charging a per diem fee that equaled 2/3 of the cost. The per diem fee has been reduced utilizing court fines (Obj Code 5701) for the remainder of associated costs. Section 63-19-1610 now allows a maximum \$50 per diem fee only.	DJJ Detention Center	Section 14-1-208{C} and Section 63-19-1610	Assesments to counties and municipalities.	\$1,663,512
N12	SCDJJ	31S2	Medicaid Asst. - ARRA	3901	Medicaid & Medicare Reimb	Proviso 90.16 of the FY 12 Appropriations Act	To record the increased Federal Medical Assistance Percentage from DHHS	Community Services, Residential Services	Proviso 90.16 of the FY 12 Appropriations Act	The increased FMAP revenue is received from DHHS per Proviso 90.13. However, as instructed by this proviso, DJJ is required to return an equivalent amount of either general or earmarked funds.	\$115,284
N12	SCDJJ	3541	Education Funds from DOE	4001	Allocations from State Agencies	Title 59, Chap 20 and 63-19-380 in which DJJ is designated as a special school district	To establish substantially equitable current operation funding levels for programs for South Carolina's public school students	DJJ School District	Section 59-20-60	Property taxes passed thru to St. Dept. Education and subsequently passed to SCDJJ School District. All property owners pay this tax.	\$2,566,602

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Steven W. Lake
Contact Phone Number: 896-5638
Contact E-mail Address: swlake@scdjj.net

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
5	N12	SCDJJ	3541	Education Funds from DOE	4005	Allocations from EIA	Section 2-7-66, Section 59-21-1010(b) and Section 63-19-380	Specific grants funded by EIA for DJJ School Dist	DJJ School District	Section 59-21-1010(b)	The revenue derived from Sections 12-36-2620(2), 12-36-2630(2), and 12-36-2640(2) sales tax. All non exempt citizens pay sales tax on goods.	\$251,988
6	N12	SCDJJ	39H2	Increased Enforcment Collections	7274	Non-Recurring Operating Transfer	Proviso 90.21 of the FY 12 Appropriations Act	Record revenue received from DOR generated from foreign collections within its jursidication.	DJJ School District	Proviso 90.21 of the FY 12 Appropriations Act	Proviso 90.21 authorizes DOR to collect revenue from foreign collections within it jurisdiction, including corporate, individual and sales tax collections, especially enforced collections and outstanding liabilities. These collections are then distributed per the proviso.	\$2,000,000
7	N12	SCDJJ	37J6	Joint Children's Committee	7221	IDC J04 Other Revenue Transfer	Proviso 89.116	To record revenue from DOR's reduction of the rate of interest paid on eligible refunds.	Proviso directs funds to be used for mentoring or alternatives to incarceration programs.	Proviso 89.116	Proviso 89.116 directs DOR to reduce the rate of interest paid on eligible refunds by 1%. The 1st \$250K goes to the Joint Citizens and Legislative Committee on Children. The balance of revenue goes to DJJ to be used for mentoring or alternatives to incarceration programs.	\$848,421
8	N12	SCDJJ	3764	Medicaid Asst Payments	3901	Medicaid & Medicare Reimb	Federal Program thru DHHS	To record reimbursements of Medicaid eligible expenses for DJJ juveniles in the community.	Community Services, group homes, psychological services	Title 63, Chapter 19	The majority of DJJ's Medicaid funding sources have been steadily declining, thereby reducing DJJ Medicaid by some 80% over the past few years. Therefore, it is necessary to stretch the accumulated cash balance over future years in order to fund children's services. Federal reimbursements for services provided to SC juveniles.	\$1,255,321
9	N12	SCDJJ	3834	Local Effort School District	2603	Fees and Receipts Other Political Subdivisions	Section 59-20-40	To provide a free and appropriate public education program for children within DJJ's Special School District	DJJ School District	Section 59-20-40	The school district in which juvenile resided before admittance to DJJ is charged based on the Base Student Cost. The Base Student Cost has been declining year after year. The base student cost factor is a combination of state, federal and local funding with an inflation factored in by the Division of Budget and Analyses. When this funding stream was originally authorized for DJJ, its recurring base budget was cut by \$1.2 million, which was the estimated revenue to be generated. The annual revenue has never met the \$1.2 million projection.	\$668,627
10	N12	SCDJJ	3908	Court Fines-Detention Cen	5701	Court Fine	14-1-208 and 63-19-360	To partially fund the DJJ Detention Center	DJJ Detention Center	Section 14-1-208(C)	All fines, forfeitures, escheatments, or other monetary penalties imposed in the general sessions court or in magistrates' or municipal court for misdemeanoror traffic offenses or for nontraffic violations. Drivers pay these charges.	\$4,696,348
11	N12	SCDJJ	3960	Sale of meals	7805	Sale of Meals	Proviso 53.1	To record revenue from sale of meal tickets by DJJ	DJJ cafeterias and food service programs	Proviso 53.1	Revenue is generated from the sale of meal tickets to employees and guests.	\$213,408
12	N12	SCDJJ	4973	Education Improvement Act 1984	4005	Allocations Educ Impv Act	Section 2-7-66	Education Improvement Act	DJJ School District	Section 2-7-66	Appropriation under Education Improvement Act	\$579,716

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Steven Lake
Contact's Phone Number: 803-896-5638
Contact's E-mail Address: swlake@scdjj.net

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	N12	SCDJJ	3035	Operating Revenue	2802 3801 4001 4850 5750 5759 5760 7201 7202 7403 7702 7823	\$990,954	\$4,272,699	23.2%	These funds are used to support the Coastal Evaluation Center. Carry forward cash is needed to fund payroll and operating expenses during the initial months of the fiscal year until revenue collections are sufficient. Under the flexibility provisions, some expenses within this subfund are paid from other funding streams initially, due to the uncertainty of this revenue stream.
2	N12	SCDJJ	3037	Special Deposits	7802 7803 7804	\$19,846	\$13,314	149.1%	Students generate revenue through making and selling projects in an apprentice program which provides work experience for juveniles. Funds may only be used to reinvest in future projects.
3	N12	SCDJJ	3046	Juvenile Detention Services	4702	\$334,609	\$1,809,406	18.5%	Court fines and Per Diem are both used to support Detention Center and other projects under Title 14. We sometimes have to use one fund over the other when revenues are not received on a consistent basis.
4	N12	SCDJJ	3098	Donations	7605	\$5,857	\$79	7368.2%	Donations must be used according to donor's wishes.
5	N12	SCDJJ	31S2	Medicaid Asst - ARRA	3901	\$304,687	\$0	#DIV/0!	Proviso 90.13 of the 2009-10 Appropriations Act mandates that all Agencies (unless specifically exempt) receiving increased FMAP shall transfer an equivalent amount of unobligated state match funds to the State Treasurer to be deposited into the Health Care Annualization and Maintenance of Effort Fund. Therefore, an equivalent amount is payable to the State Treasure for the purposes stated above and is, therefore, unavailable to DJJ. Balance preserved for use in FY 11-12 and FY 12-13 since DJJ is not requesting additional recurring general funds.
6	N12	SCDJJ	3302	Family Preservation Payments	N/A	\$0	\$1,140	0.0%	Funding source for Subfund 3302 was discontinued in FY10. The cash balance has been expended FY11, creating a zero balance in Subfund 3302.
7	N12	SCDJJ	3408	Canteen Fund	7221	\$4,025	\$5,898	68.2%	Funds used to purchase personal hygiene items for juveniles. Agency reimbursed by juveniles.
8	N12	SCDJJ	3472	Special Funds	4001 7506 7803	\$13,124	\$83,690	15.7%	Carry forward cash is needed to fund payroll and operating expenses during the initial months of the fiscal year until revenue collections are sufficient.
9	N12	SCDJJ	3541	Education Funds	4001 4005	\$232,781	\$2,657,235	8.8%	This fund was established during FY 10. Carry forward cash is needed to fund payroll and operating expenses during the initial months of the fiscal year until revenue collections are sufficient.
10	N12	SCDJJ	3697	Proviso 90.20 FY10 Approp. Act	N/A	\$0	\$1,095,981	0.0%	Proviso 90.20 instructed the Dept of Motor Vehicles to transfer \$8,000,000 to various agencies to offset budget reductions. DJJ received \$2,000,000 of these non-recurring funds. The remaining cash balance has been expended in FY11, creating a \$0 balance in subfund 3697.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Steven Lake
Contact's Phone Number: 803-896-5638
Contact's E-mail Address: swlake@scdjj.net

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
11	N12	SCDJJ	37J6	Joint Children's Committee	7221	\$848,421	\$0	#DIV/0!	Proviso 89.142 (FY11)/89.116 (FY12) states that this money is to be used by DJJ for mentoring or alternatives to incarceration. Proviso grants carry-forward authority. Carry-forward must be used for same purpose.
12	N12	SCDJJ	3764	Medicaid Asst Payments	3901	\$3,239,618	\$0	#DIV/0!	The majority of DJJ's Medicaid funding sources have been steadily declining, thereby reducing DJJ Medicaid by some 80% over the past few years. Therefore, it is necessary to stretch the accumulated cash balance over future years in order to fund children's services. Funds reserved to operate in FY 11-12 and FY 12-13 since DJJ is not requesting additional recurring general funds.
13	N12	SCDJJ	3834	Local Effort School District	2603	(\$423,959)	\$0	#DIV/0!	No cash carry forward in this subfund. This negative cash blance has been offset by using cash carry-forward from subfund 39H2.
14	N12	SCDJJ	39H2	FY10 Increased Enforcement Collections	7274	\$1,406,501	\$593,499	237.0%	Proviso 90.16 (FY11) provided \$2,000,000 to DJJ to be used for operations. All carry-forward will be used in FY12 to offset insufficient revenue in other funds since DJJ did not request additional recurring general funds.
15	N12	SCDJJ	3908	Court Fines-Detention Center	5701	\$1,547,033	\$4,534,604	34.1%	Court fines and Per Diem are both used to support Detention Center and other projects under Title 14. We sometimes have to use one fund over the other when revenues are not received on a consistent basis. Under the flexibility clause, DJJ paid some detention-related expenses from other funding streams to preserve funds for use in FY 11-12 and/or FY 12-13, since DJJ is not requesting additional recurring general funds.
16	N12	SCDJJ	3958	Sale of Assets	7853	\$91,346	\$15,396	593.3%	Sale of outdated equipment used to purchase needed equipment. Most will be expended in FY 12.
17	N12	SCDJJ	3960	Sale of Meals	7805	\$127,769	\$155,683	82.1%	Proviso 53.1 authorizes collection and carry-forward of this revenue to be used for operation of agency's cafeterias and food service programs. Some high-cost equipment must be procured in FY 12.
18	N12	SCDJJ	43B1	Education Lottery	6601	\$1,798	\$0	#DIV/0!	A portion of the revenues derived from the Education Lottery is passed through to the Department of Education to be used by the school districts in various educational programs. Carry forward is used to cover funding shortfalls in education division.
19	N12	SCDJJ	4973	Education Improvement Act 1984	4005	\$275,753	\$366,993	75.1%	EIA allocations for DJJ's Special School District are not finalized until May. Some grants carry forward into next fiscal year. School fiscal year and State fiscal year are different.
19									NOTE: All fund carryforwards are used to help support Local Effort deficiency. This deficiency is caused by the lack of school districts to reimburse DJJ School District as required.

Revenue Object Codes

Arrange Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Laura Pace
Contact Phone Number: 803-896-8115
Contact E-mail Address: ljpace@sccia.org

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	N20	LETC	3356	CJA Court Fines	5701	Court Fines	Section 14-1-205 thru 208 of the SC Code of Laws.	To retain revenue generated from fines and use to operate the Academy.	Train law enforcement personnel throughout South Carolina.	Proviso 50.1	Revenue is generated from a percentage of all court fines which is paid by the criminal.	\$7,182,551
2	N20	LETC	3461	CJA Surcharge	5701	Surcharge	Proviso 90.5	To retain revenue generated from the \$5 surcharge fee to be used for training.	Capital Projects - Village Project.	Proviso 50.1	Revenue is generated from a \$5 surcharge on all misdemeanor traffic offenses or for nontraffic violations.	(\$1,227,095)
3	N20	LETC	3805	Miscellaneous Revenue	4829	Training Conference Registration Fees	Section 23-23-80 of the SC Code of Laws.	To retain revenue for the operation of Food Services to feed students.	Food Services to feed students attending the Academy.	Proviso 50.1	Revenue is generated from the sale of training material, registration fees and meals for staff and students attending the Academy.	\$115,212
4												

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Laura Pace
Contact's Phone Number: 803-896-8115
Contact's E-mail Address: ljpace@sccja.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	N20	LETC	3356	CJA Court Fines	5701	\$1,988,345	\$8,387,360	23.7%	Funds are used for beginning of year payroll and to encumber expenditures for the Academy utilities and operating expenditures.
2	N20	LETC	3805	Miscellaneous Revenue	7803, 7810, 7805, 7802, 7201	\$30,820	\$203,353	15.2%	These funds are used to encumber expenditures at the beginning of the fiscal year to run the Academy's Food Services which provides meals to the law enforcement students who train at the Academy.
3	N20	LETC	3461	CJA Surcharge	5701	\$1,684,038	\$354,485	475.1%	These funds are capital projects. These funds are being used to re-pay a \$9,345,000 loan for the Village Project and to operating the Village.
4	N20	LETC	3958	Sale of Assets	7858, 7861	\$2,081	\$51,527	4.0%	These funds are used to purchase replacement equipent and vehicles.
5								#DIV/0!	

Revenue Object Codes												
Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number												
Name of Agency Contact:			Name	Larry Moody								
Contact Phone Number:			Phone #	803-896-8876								
Contact E-mail Address:			E-mail	Lmoody@forestry.state.sc.us								
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	P12	SCFC	3035	Operating Revenue	1706	Hunting Fishing License & Permits	Section 48-23-132	To collect and retain revenue for licenses and/or permits issued to individuals to hunt game and/or fish within the State.	State Forests	Section 48-23-132	Revenue is collected by DNR and transferred to the Forestry Commission for hunting privileges on Wildlife Management Area (WMA) properties owned by the Commission.	\$192,073
2	P12	SCFC	3035	Operating Revenue	4819	Burning Assistance Fee	Section 48-23-295	To collect and retain fee charged by Forestry Commission for assistance rendered on private property in the use of fire purposely set to forest lands for prescribed forest management.	Forest Protection and Development - Fire Suppression and Prevention	Section 48-23-295	Revenue earned for prescribed burning conducted for South Carolina landowners. Rate is \$19 per acre with a minimum of \$400.	\$440,052
3	P12	SCFC	3035	Operating Revenue	4820	Fire Lane Fee	Section 48-23-295	To collect and retain fee charged by Forestry Commission for cutting fires lanes on private property.	Forest Landowners Assistance - Fire Suppression and Prevention	Section 48-23-295	Revenue earned for plowing firebreaks for South Carolina landowners. Rate for a medium tractor is \$140 for first hour and \$85 for each additional hour with a minimum of \$140. Rate for a large tractor is \$160 for first hour and \$100 for each additional hour with a minimum of \$160.	\$169,269
4	P12	SCFC	3035	Operating Revenue	4848	User Fees - State Forests	Section 48-23-132 Section 48-23-290	To collect and retain fee charged by Forestry Commission for recreational use of the State Forests.	State Forests	Section 48-23-132 Section 48-23-290	Revenue earned from fees for the use of State Forests for recreational activities, i.e. hiking, mountain biking, horseback riding, motorized vehicles and other trail related activities.	\$101,502
5	P12	SCFC	3035	Operating Revenue	4901	Sale of Seedlings	Section 48-23-100	To collect and retain revenue from sale of tree seedlings and related products.	Nursery & Tree Improvement	Section 48-23-100	Revenue earned from the sale of forest tree seedlings to private landowners in South Carolina.	\$644,670
6	P12	SCFC	3035	Operating Revenue	4902	Sale of Timber	Section 48-23-132 Section 48-23-290	To collect and retain revenue from the sale of timber and related products from land owned by the Agency.	State Forests	Section 48-23-132 Section 48-23-290	Revenue earned from the sale of timber and forest products. Funds personnel and operations on the State Forests.	\$2,694,938
7	P12	SCFC	3035	Operating Revenue	7803	Sale of Services	Section 48-23-295	To collect and retain revenue for services performed for other entities.	Forest Protection and Development - Fire Suppression and Prevention / Nursery and Tree Improvement	Section 48-23-295	Revenue earned from landowner assisted services, i.e. seedling progeny testing, instructors for Timber Operations Professional Program (TOP), timber cruising, etc.	\$57,160
8	P12	SCFC	3035	Operating Revenue	7402	Rental of Farm Land	Section 48-23-132 Section 48-23-290	To collect and retain revenue for rent of land owned by the Forestry Commission.	State Forests	Section 48-23-132 Section 48-23-290	Revenue earned from agriculture leases on State Forests.	\$43,531
9	P12	SCFC	3035	Operating Revenue	7403	Rental of State Owned Property	Section 48-23-132 Section 48-23-290	To collect and retain revenue for rent of facilities owned by the Commission.	Forest Protection and Development - Fire Suppression and Prevention / State Forests	Section 48-23-132 Section 48-23-290	Revenue earned from leasing facilities (conference rooms) at State Forests for meeting purposes and tower space for communication purposes	\$32,096

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Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact:		Larry Moody							
Contact's Phone Number:		803-896-8876							
Contact's E-mail Address:		Lmoody@forestry.state.sc.us							
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P12	SC FORESTRY COMMISSION	3035	Operating Revenue	1706 3801 4829 7401 7402 7403 7605 7702 7803 4819 4820 4821 4821 4871 4872 7407 4901 5750 7826 4848 4902 7403 7810	\$2,328,754	\$4,968,473	46.9%	The majority of the revenue generated from this subfund comes from timber and forest product sales, landowner services and seedling sales. This is seasonal revenue, i.e. periodic and not monthly, which can be influenced by many factors such as weather, market prices and demand. Approximately half of the disbursements from this subfund are for salaries and benefits. Because of the factors mentioned above that could influence the collection of revenue, we must carry forward enough funds to meet payroll requirements for several months until collection of revenue materializes. Also, landowner requests for services must continue to be performed at the beginning of the fiscal year and funds are needed for fuel and repairs to equipment. It usually takes approximately two months to receive payment on invoices after service work is performed.
2	P12	SC FORESTRY COMMISSION	3958	Sale of Assets	7857 7859 7853 7854 7858 7851	\$1,072,471	\$545,655	196.5%	In a normal year financially speaking, auctions are held for used equipment after new equipment is placed in the field each year. It then takes one to two months to receive funds from Surplus Property. After funds are received, new items must then be advertised, bid, and awarded. This process to include the ordering and receiving of the equipment can take 4-6 months. therefore, some equipment may not be received until the following fiscal year, creating the need to carry over funds. However , because of budget reductions Commission funding is inadequate to cover increased operating expenses during an average or above average fire season, typically January through April. Therefore, the agency made the decision to carry over these funds to help fund operating costs in case of an average or above average fire season.
3	P12	SC FORESTRY COMMISSION	3985	Forest Renewal Fund	4853	\$1,533,825	\$800,000	191.7%	The Forest Renewal Program provides landowners with funds for reforestation purposes. Landowners have up to 20 months to complete contracts after their application for funds is approved. Therefore, this fund will always carry a balance of approximately 12 to 20 months of funding.
4	P12	SC FORESTRY COMMISSION	39H2	Increased Enforcement Collections	7287	\$1,000,000	\$0	100.0%	These funds were included in the 2010 - 2011 Appropriations Act, Proviso 90.16. However, the funds were not transferred to the Commission until the last month of the fiscal year. Therefore, the Commission carried over the funds into FY '12 and will use the funds to avoid a year end deficit in state appropriations.

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Carla B. Lindler
Contact Phone Number: 803-734-2195
Contact E-mail Address: clindler@scda.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
P16	Agriculture	3035	Operating Revenue	1616	Seed Inspection License	Section 46-21-40; Act #353 Part 7	License fee for the sale of seeds in accordance with State seed license regulations.	Used to offset expenses incurred in operating the Laboratory Seed Program	Section 46-21-40	A minimum of \$50 and a maximum of \$200 is charged for seed licenses. These fees are based on the per year dollar volume of the gross business receipts of the applicant.	\$142,450
P16	Agriculture	3035	Operating Revenue	8225	Certified SC	SC Code Section 11-49-55	Funds to support the Certified SC Pgoram	Used to help fund the Certified SC Program	SC Code Section 11-49-55	Transferred by STO from the Tobacco Settlement Fund.	\$500,000
P16	Agriculture	3035	Operating Revenue	7201	Misc Revenue	Code of Laws, Title 39, Chapter 25	Fees for Sanitation inspections.	Used to offset expenses incurred in the operating of this program.	Code of Laws, Title 39, Chapter 25	Inspections are performed by SCDA staff and costs are billed to U. S. DHHS.	\$133,217
P16	Agriculture	3035	Operating Revenue	7221	Misc Transfer	Section 46-41-230, Code of Laws of SC; Act #353 Part 7, and Proviso 34.4	To help fund the administration of the programs.	Used to offset the administration of the Grain Dealers Guaranty Fund and the Warehouse Receipts Guaranty Fund.	No carry forward statute - funds must be used by the end of each fiscal year.	The department retains and expends \$100,000 annually from interest earned from the Grain Handlers Guaranty Fund, and \$50,000 annually from the Warehouse Receipts Guaranty Fund.	\$100,000
P16	Agriculture	3120	Pee Dee Farmers Market	4825	Farmers Market Revenue	SC Regulation 5-190-192, Section 46-15-20(3) and 46-15-60 Code of Laws of SC (1976)	To give farmers a place to market directly to consumers, retailers and wholesalers, and gives consumers a place to buy fresh, safe, wholesome produce and colorful plants.	Solely for the administration and upkeep of the Pee Dee State Farmers Market	SC Regulation 5-190-192, Section 46-15-20(3) and 46-15-60 Code of Laws of South Carolina (1976)	Rental fees are charged to vendors doing business at the market.	\$314,514
P16	Agriculture	3290	Soybean Board Oper Rev	4831	Commodity Board Assessmen	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	To promote and market soybeans as approved by the Board and the Agriculture Commission.	These funds are used only for the purpose of paying expenses and costs of the board arising in connection with the administration, amendment or termination of the board.	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	An assessment is placed on the commodity and is paid by the individual or business.	\$695,661

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Carla B. Lindler
Contact Phone Number: 803-734-2195
Contact E-mail Address: clindler@scda.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
P16	Agriculture	3294	Cotton Board Oper Rev	4831	Commodity Board Assessmen	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	To promote and market cotton as approved by the Board and the Agriculture Commission.	These funds are used only for the purpose of paying expenses and costs of the board arising in connection with the administration, amendment or termination of the board.	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	An assessment is placed on the commodity and is paid by the individual or business.	\$373,219
P16	Agriculture	3295	Peanut Board Oper Rev	4831	Commodity Board Assessmen	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	To promote and market peanuts as approved by the Board and the Agriculture Commission.	These funds are used only for the purpose of paying expenses and costs of the board arising in connection with the administration, amendment or termination of the board.	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	An assessment is placed on the commodity and is paid by the individual or business.	\$210,318
P16	Agriculture	3299	Cattle & Beef Bd-Oper Rev	4831	Commodity Board Assessmen	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	To promote and market beef as approved by the Board and the Agriculture Commission.	These funds are used only for the purpose of paying expenses and costs of the board arising in connection with the administration, amendment or termination of the board.	South Carolina Agricultural Commodities Marketing Act (1976), Title 46, Chapter 17	An assessment is placed on the commodity and is paid by the individual or business.	\$192,408
P16	Agriculture	3300	Oper & Maint Colum Mkt	4825	Farmers Market Revenue	SC Regulation 5-190-192, Section 46-15-20(3) and 46-15-60 Code of Laws of SC (1976)	To give farmers a place to market directly to consumers, retailers and wholesalers, and gives consumers a place to buy fresh, safe, wholesome produce and colorful plants.	Solely for the administration and upkeep of the Columbia State Farmers Market	SC Regulation 5-190-192, Section 46-15-20(3) and 46-15-60 Code of Laws of South Carolina (1976)	Rental fees are charged to vendors doing business at the market.	\$679,773

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Carla B. Lindler
Contact Phone Number: 803-734-2195
Contact E-mail Address: clindler@scda.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
1	P16	Agriculture	3303	Greenville Farmers Mkt	4825	Farmers Market Revenue	SC Regulation 5-190-192, Section 46-15-20(3) and 46-15-60 Code of Laws of SC (1976)	To give farmers a place to market directly to consumers, retailers and wholesalers, and gives consumers a place to buy fresh, safe, wholesome produce and colorful plants.	Solely for the administration and upkeep of the Greenville State Farmers Market	SC Regulation 5-190-192, Section 46-15-20(3) and 46-15-60 Code of Laws of South Carolina (1976)	Rental fees are charged to vendors doing business at the market.	\$191,336
	P16	Agriculture	3396	Feed Label Registration	4850	Miscellaneous Fee	Proviso 34.9	Annual registration of feed labels by manufacturers is required.	Fees used to offset expenses incurred in operating the Feed Inspection Program.	Proviso 34.9	Feed manufacturers must pay a registration fee of \$15 per product annually in order to have the feed registered in this state.	\$157,251
3	P16	Agriculture	3521	Grants-Non-Federal	4804	Grading and Inspection Fee	Sections 46-15-20(6), 46-15-40 and 46-15-60, Code of Laws of South Carolina (1976, Section 39-39-40, Code of Laws of South Carolina (1976)	To inspect fruit and vegetable items offered at various shipping point and market locations in cooperation with the USDA. Also, grading for poultry, shell eggs and the inspection of egg products is offered to farmers, poultry producers and processors by this department in cooperation with the USDA.	Operation of the fresh fruit & vegetable grading and inspection service and operation of the poultry grading and inspection service.	Sections 46-15-20(6), 46-15-40 and 46-15-60, Code of Laws of South Carolina (1976, Section 39-39-40, Code of Laws of South Carolina (1976)	Any one who wishes to have fruits or vegetables inspected by the department are charged a fee. Also, poultry plants in this state are charged for inspection fees for any poultry products that are inspected by this department.	\$2,115,625
4	P16	Agriculture	3833	Petroleum Inspection	0310	Petroleum Inspection Tax	Section 12-28-2355, Code of Laws of SC	To inspect gas pumps throughout the state.	Revenue is used to pay personal services and travel expenses related to this program.	Section 12-28-2355, Code of Laws of SC	The Department of Revenue collects 1/4 cent per gallon of motor fuel to provide funds for inspecting, testing, and analyzing petroleum products. Ten percent of this revenue is transferred by DOR to SCDA monthly.	\$805,170

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Carla B. Lindler
Contact's Phone Number: 803-734-2195
Contact's E-mail Address: clindler@scda.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P16	Agriculture	3035	Operating Revenue	1616 1665 4803 4850 4851 7201 7221	\$228,732	\$1,275,414	17.9%	A reasonable reserve is required to ensure fiscal solvency to accrued liabilities and shutdown expenses if the program terminates.
2	P16	Agriculture	3037	Special Deposits	7201	\$0	\$17	0.0%	Funds were carried forward to meet the remainder of the obligations of this program. Reserve has been depleted.
3	P16	Agriculture	3079	Renewable Energy Infra Development Fund	7221	\$600,459	\$639,114	94.0%	This money has been earmarked to provide loans to individuals or public and private entities located in South Carolina to research renewable energy. (Please see Chapter 3 of Title 46 of the 1976 Code of Laws.)
4	P16	Agriculture	3120	Pee Dee Farmers Market	4825 7221	\$923	\$340,882	0.3%	The upkeep and maintenance of the Pee Dee Farmers Market is vital to the successful operation of the market. A sufficient balance is maintained in order to defray the expenses of its operation and maintenance and provide a reserve fund for the retirement and replacement of those facilities which may become exhausted.
5	P16	Agriculture	3163	Livestock Grading & Inspec	4804	\$20	\$200	10.0%	No revenue anticipated for fiscal year 2011-2012.
6	P16	Agriculture	3170	Flexibility fund	7221	\$0	\$198,818	0.0%	The Flexibility Fund was established for the use of the department for funds transferred from the Renewable Energy Fund to be used to offset budget reductions. Funds have been exhausted.
7	P16	Agriculture	3175	Eat Smart	7201	\$0	\$4,094	0.0%	The Eat Smart Program was set up with funds we received from the Eat Smart, Move More Coalition to be sent to schools in South Carolina who agree to use the funds in the implementation and improvement of a school garden. These funds have been exhausted.
8	P16	Agriculture	3283	Mobile Hay Analysis	4804	\$0	\$28	0.0%	No revenue anticipated for fiscal year 2010-2011.
9	P16	Agriculture	3289	Public Weighmaster	1626	\$7,501	\$13,281	56.5%	A reasonable reserve is required to ensure fiscal solvency to accrued liabilities and shutdown expenses if the program terminates.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Carla B. Lindler
Contact's Phone Number: 803-734-2195
Contact's E-mail Address: clindler@scda.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
10	P16	Agriculture	3290	Soybean Board Oper Rev	4831	\$815,184	\$575,610	141.6%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.
11	P16	Agriculture	3293	Pork Board-Oper Rev	4831	\$98,563	\$53,098	185.6%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.
12	P16	Agriculture	3294	Cotton Board Oper Rev	4831	\$111,946	\$383,285	29.2%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.
13	P16	Agriculture	3295	Peanut Bd Operating Rev	4831	\$203,528	\$211,315	96.3%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.
14	P16	Agriculture	3296	Watermelon Bd Oper Rev	4831	\$16,758	\$11,589	144.6%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Carla B. Lindler
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
15	P16	Agriculture	3298	Tobacco Board Oper Rev	4831	\$52,915	\$60,294	87.8%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.
16	P16	Agriculture	3299	Cattle & Beef Bd- Oper Rev	4831	\$113,527	\$182,577	62.2%	The board helps fund specific research projects concerning the commodity. These projects are annual expenditures regardless of crop yield. During the years in which crop yield is below average due to weather conditions, the assessments received are substantially lowered. Funds must be available to fund these research projects on a continuing basis.
17	P16	Agriculture	3300	Oper & Maint Columbia Mkt	3801 4825 7221	\$1,658	\$743,990	0.2%	The upkeep and maintenance of the Columbia Farmers Market is vital to the successful operation of the market. A sufficient balance is maintained in order to defray the expenses of its operation and maintenance and provide a reserve fund for the retirement and replacement of those facilities which may become exhausted.
18	P16	Agriculture	3301	Grain Grading & Inspection	4804	\$128	\$61,636	0.2%	A reasonable reserve is required to ensure fiscal solvency to accrued liabilities and shutdown expenses if the program terminates.
19	P16	Agriculture	3303	Greenville Farmers Market	4825 7221	\$1,819	\$213,570	0.9%	The upkeep and maintenance of the Greenville Farmers Market is vital to the successful operation of the market. A sufficient balance is maintained in order to defray the expenses of its operation and maintenance and provide a reserve fund for the retirement and replacement of those facilities which may become exhausted.
20	P16	Agriculture	3316	Peach Council	7201	\$24,484	\$7,424	329.8%	A reasonable reserve is required to ensure fiscal solvency to accrued liabilities and shutdown expenses if the program terminates.
21	P16	Agriculture	3359	Laboratory Rent	7201 7221	\$15,400	\$271,184	5.7%	The fund is used to pay our rent at our Laboratory for the duration of our stay in that building. These funds will be exhausted this fiscal year.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Carla B. Lindler
Contact's Phone Number: 803-734-2195
Contact's E-mail Address: clindler@scda.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
22	P16	Agriculture	3372	Market Bulletin Revenue	7810	\$45,164	\$217,853	20.7%	Funds must be kept in reserve to meet all obligations of the publication of the Market Bulletin. Subscription charges have not increased since 2001 while printing, postage and personnel costs have increased over this same time frame.
23	P16	Agriculture	3396	Feed Label Registration	4850 7221	\$48,297	\$222,184	21.7%	Expenditures for this fiscal year include personal services as well as operating expenses for the new Laboratory Building.
24	P16	Agriculture	34E4	Increased Enforcement Coll	7201	\$31,874	\$9,962	320.0%	These funds are obligated to be spent in the administration of this program this fiscal year.
25	P16	Agriculture	3521	Grants-Non-Federal	4804	\$310,286	\$2,363,796	13.1%	The maintenance of a reasonable reserve is required to ensure fiscal solvency to accrued liabilities and shutdown expenses if the program terminates.
26	P16	Agriculture	35J6	Seed Samples	4850 7201	\$1,230	\$0	#DIV/0!	
27	P16	Agriculture	3630	Produce Stands	7201	\$711	\$17,539	4.1%	These funds are obligated for use in this program and gives us resources to support the cost of administering the program.
28	P16	Agriculture	37D6	No More Homeless Pets Prog	4001	\$61,729	\$58,444	105.6%	These funds are earmarked to be used to reimburse state veterinarians for spay/neuter services performed. To date for this fiscal year, most of the funds have been expended and will likely be nearly exhausted by June.
29	P16	Agriculture	37J5	Market Center Operations	4825 4850	\$3,368	\$2,782	121.1%	The upkeep and maintenance of the Market Conference Center is vital to the successful operation of the market. A sufficient balance is maintained in order to defray the expenses of its operation and maintenance and provide a reserve fund for the retirement and replacement of those facilities which may become exhausted.
30	P16	Agriculture	3833	Petroleum Inspection	310 7221	\$73,733	\$879,819	8.4%	These funds are used in the administration of our Consumer Services Inspection program. These funds are expended on personal services and travel for the employees of this program.
31	P16	Agriculture	38J1	Phillips Market Center	7201	\$13,990	\$76,960	18.2%	These funds are obligated for use in this program and gives us resources to support the cost of administering the program.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Carla B. Lindler
Contact's Phone Number: 803-734-2195
Contact's E-mail Address: clindler@scda.sc.gov

Agency Code		Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
32	P16	Agriculture	39H2	Increased Enforcement Collections	7201	\$27,502	\$2,498	1101.0%	These funds are obligated to be spent in the administration of this program this fiscal year.
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Revenue Object Codes												
Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number												
Name of Agency Contact:		Melissa Kelley										
Contact Phone Number:		864-656-5273										
Contact E-mail Address:		melissk@clemson.edu										
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	P20	CU PSA	3035	Operating Revenue: Regulatory Services	1661	Regulatory Services	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 35 and 89.8 and 89.9	To collect and retain other funds from sources as described in "How Revenue is Generated"	Regulatory Services	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 35 and 89.8 and 89.9	Other funds are derived from fees for services, regulatory fees and returns from sponsored research (Facilities and Administrative Costs (previously known as indirect costs)).	\$3,772,556
2	P20	CU PSA	3035	Operating Revenue: Regulatory Services	4891	Fertilizer Inspection Fee	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 35 and 89.8 and 89.9	To collect and retain other funds from sources as described in "How Revenue is Generated"	Regulatory Services	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 35 and 89.8 and 89.9	Funds are derived from regulatory fees for Fertilizer Inspection.	\$310,373
3	P20	CU PSA	3035	Operating Revenue: Livestock-Poultry Health	7840	Livestock Poultry Health	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 35 and 89.8 and 89.9	To collect and retain other funds from sources as described in "How Revenue is Generated"	Livestock Poultry Health	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 35 and 89.8 and 89.9	Other funds are derived from fees for services, regulatory fees and returns from sponsored research (Facilities and Administrative Costs (previously known as indirect costs)).	\$598,238
4	P20	CU PSA	3035	Operating Revenue: Ag. Research	7840	Ag Research	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 89.8 and 89.9	To collect and retain other funds from sources as described in "How Revenue is Generated"	Ag Research	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 89.8 and 89.9	Other funds are derived from fees for services, sales of publications, programs and products including timber and easements, local support funds and returns from sponsored research (Facilities and Administrative Costs (previously known as indirect costs)).	\$4,550,621
5	P20	CU PSA	3035	Operating Revenue: Cooperative Extension	7840	Coop Extension	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 89.8 and 89.9	To collect and retain other funds from sources as described in "How Revenue is Generated"	Coop Extension	Statutes at large 2-65-70 and Section 46-9-10 et seq. and 10-11 Budget BH3700 Section 89.8 and 89.9	Other funds are derived from fees for services, sales of publications, programs and products, local support funds and returns from sponsored research (Facilities and Administrative Costs (previously known as indirect costs)).	\$10,554,845
6	P20	CU PSA	4973	Education Improvement Act	4005	EIA Agric. Teacher Supplement--formula funding	10-11 Budget BH3700 Section 1A.40	Appropriated to fund Summer salaries of Ag Education teachers and state-mandated salary increases	Coop Extension	N/A	The funds appropriated in Part IA, Section XI.F3 for Clemson Agriculture Education Teachers must be transferred to Clemson University PSA to fund summer employment of agriculture teachers and to cover state-mandated salary increases on that portion of the agriculture teachers' salaries attributable to summer employment.	\$758,627

[illegible]

Watercraft/Outboard Motor & Permitted Marine Dealer Fee Schedule

<u>Fee Type</u>	<u>Total</u>	
Permitted Marine Dealer Annual Fee	10.00	
Permitted Marine Dealer Demonstration Numbers Fee per Set	30.00	Max 9
SC Watercraft Title	10.00	
SC Watercraft Registration - 3 Year	30.00	
Transfer SC Watercraft Title/Registration	16.00	
Duplicate SC Watercraft Title	5.00	
Duplicate Watercraft Registration Card	5.00	
Duplicate Watercraft Registration Decal	5.00	
SC Outboard Motor Title	10.00	
Transfer SC Outboard Motor Title	10.00	
Duplicate SC Outboard Motor Title	5.00	
Duplicate Outboard Motor Decal	5.00	
Late Fee (31-60 Days)	15.00	
Late Fee (61 Days or more)	30.00	

Non Resident Fishing License Fee Schedule

<u>Duration</u>	<u>Status</u>	<u>Type Name</u>	<u>Retained Agent Fee</u>	<u>Program Revenue</u>	<u>Fee Total</u>
Annual	Nonresident	Recreational Freshwater Fishing License	1.00	34.00	35.00

Lifetime Hunting and Fishing License Fee Schedule

<u>Type Name</u>	<u>Total</u>
State Hunting License	300.00
Recreational Freshwater Fishing License	300.00
Recreational Saltwater Fishing License	300.00
Combination License (State Hunting, Big Game, Freshwater Fishing)	
Applicant under 2 Years	300.00
Applicant 2 yrs but less than 16 Years	400.00
Applicant 16 yrs but less than 64 Years	500.00
Recreational Saltwater Fishing Add-On to Combination	
Applicant under 2 Years	120.00
Applicant 2 yrs but less than 16 Years	160.00
Applicant 16 yrs but less than 64 Years	200.00
Senior License	9.00
(State Hunting, Big Game, Wildlife Mgmt Area, Migratory Bird, Migratory Waterfowl, Freshwater Fishing, Saltwater Fishing)	
Gratis License (Born on or before 7/1/1941)	No Charge
(State Hunting, Big Game, Wildlife Mgmt Area, Migratory Bird, Migratory Waterfowl, Freshwater Fishing, Saltwater Fishing)	
Catawba Combination License (Expires 2092)	No Charge
(State Hunting, Big Game, Wildlife Management Area, Freshwater Fishing)	

Hunting and Fishing License Fee Schedule

Duration	Status	Type Name	Retained Agent Fee	Program Revenue	Fee Total
Annual	Resident	County Hunting License	1.00	4.00	5.00
Annual	Resident	State Hunting License	1.00	11.00	12.00
Annual	Resident	Apprentice State Hunting License	1.00	11.00	12.00
3 Year	Resident	State Hunting License	3.00	33.00	36.00
3 Day	Nonresident	State Hunting License	1.00	39.00	40.00
10 Day	Nonresident	State Hunting License	2.00	73.00	75.00
Annual	Nonresident	Apprentice State Hunting License	2.00	123.00	125.00
Annual	Nonresident	State Hunting License	2.00	123.00	125.00
Annual	Resident	Big Game Permit	1.00	5.00	6.00
3 Year	Resident	Big Game Permit	1.00	5.00	6.00
Annual	Nonresident	Big Game Permit	2.00	98.00	100.00
Annual	All	Migratory Bird Permit	-	-	No Charge
Annual	All	Migratory Waterfowl Permit	.50	5.00	5.50
Annual	Resident	Wildlife Management Area Permit	1.00	29.50	30.50
Annual	Nonresident	Wildlife Management Area Permit	1.00	75.00	76.00
Annual	All	Shooting Preserve Hunting License	-	8.50	8.50
Season	All	Wild Turkey Transportation (Max 1 set of 5)		-	No Charge
Season	All	Individual Antlerless Deer Tag (Max 4)		5.00	5.00
Season	All	Antlerless Deer Quota Permit/Tags		50.00	50.00
Season	All	Alligator Permit		100.00	100.00
Season	Nonresident	Alligator Hunting Fee	4.00	196.00	200.00
Season	All	Private Lands Alligator Permit		10.00	10.00
Season	All	Private Lands Alligator Tag		10.00	10.00
Season	Resident	Bear Tag	1.00	24.00	25.00
Season	Nonresident	Bear Tag	2.00	98.00	100.00
Season	Resident	Bear Tag – Youth Tag		-	No Charge
Season	Nonresident	Bear Tag– Youth Tag		-	No Charge
Annual	Resident	Commercial Fur Bearer License		25.00	25.00
Annual	Nonresident	Commercial Fur Bearer License		200.00	200.00
Annual	Resident	Commercial Fur Buyer License		100.00	100.00
Annual	Nonresident	Commercial Fur Buyer License		500.00	500.00
Annual	All	Shooting Preserve License (first 100 acres)		200.00	200.00
		Each additional 100 acres or portion		50.00	50.00
Annual	All	Commercial Quail Breeder's License		50.00	50.00
Annual	All	Fox/Coyote Enclosure Permit		-	No Charge

Hunting and Fishing License Fee Schedule

<u>Duration</u>	<u>Status</u>	<u>Type Name</u>	<u>Retained Agent Fee</u>	<u>Program Revenue</u>	<u>Fee Total</u>
Annual	All	Bird Dog Training License		50.00	50.00
Specified	All	Field Trial Permit			
Specified	All	Scientific Collection Permit		10.00	10.00
Annual	Resident	Combination License	2.00	23.00	25.00
Annual	Resident	Sportsman License	2.00	48.00	50.00
Annual	Resident	Jr Sportsman License	1.00	15.00	16.00
Annual	Resident	Lakes & Reservoirs Permit	1.00	2.00	3.00
Annual	Resident	Recreational Freshwater Fishing License	1.00	9.00	10.00
Annual	Nonresident	Recreational Freshwater Fishing License	2.00	34.00	35.00
14 Day	Resident	Recreational Freshwater Fishing License	1.00	4.00	5.00
7 Day	Nonresident	Recreational Freshwater Fishing License	1.00	10.00	11.00
Annual	Resident	Commercial Freshwater Fishing License		50.00	50.00
Annual	Nonresident	Commercial Freshwater Fishing License		1,000.00	1,000.00
Annual	Resident	Jug Permit		5.00	5.00
Annual	Nonresident	Jug Permit		50.00	50.00
Annual	Resident	Set Hook Permit		5.00	5.00
Annual	Nonresident	Set Hook Permit		50.00	50.00
Annual	Resident	Eel Pot Nongame Fish Tag		5.00	5.00
Annual	Nonresident	Eel Pot Nongame Fish Tag		50.00	50.00
Annual	Resident	Gill Net Nongame Fish Tag		5.00	5.00
Annual	Nonresident	Gill Net Nongame Fish Tag		50.00	50.00
Annual	Resident	Hoop Net Nongame Fish Tag		10.00	10.00
Annual	Nonresident	Hoop Net Nongame Fish Tag		50.00	50.00
Annual	Resident	Fish Trap Nongame Fish Tag		5.00	5.00
Annual	Nonresident	Fish Trap Nongame Fish Tag		50.00	50.00
Annual	Resident	Trotline Nongame Fish Tag		2.50	2.50
Annual	Nonresident	Trotline Nongame Fish Tag		50.00	50.00
Annual	All	Aquaculture Permit		100.00	100.00
Annual	All	Aquaculture Permit-Renewed w/o Lapse		25.00	25.00
Annual	All	Wholesale Aquaculture Permit		100.00	100.00
Yearly	All	Scientific Collection Permit		10.00	10.00

Marine License & Permit Fee Schedule

Duration	Status	Type Name	Retained Agent Fee	Program Revenue	Fee Total
Annual	Resident	Recreational Freshwater Fishing License	1.00	9.00	10.00
Annual	Nonresident	Recreational Freshwater Fishing License	2.00	34.00	35.00
14 Day	Resident	Recreational Freshwater Fishing License	1.00	4.00	5.00
7 Day	Nonresident	Recreational Freshwater Fishing License	1.00	10.00	11.00
Annual	All	Saltwater Fishing Pier less than 100'		150.00	150.00
Annual	All	Saltwater Fishing Pier 100' or longer		300.00	300.00
Annual	All	Saltwater Charter Fishing Vessel (<6 passengers)		150.00	150.00
Annual	All	Saltwater Charter Fishing Vessel (6-49 passengers)		250.00	250.00
Annual	All	Saltwater Charter Fishing Vessel (50+ passengers)		350.00	350.00
Annual	Resident	Culture/Mariculture Lease (per acre)		5.00	5.00
Annual	Resident	Commercial Saltwater License	1.25	23.75	25.00
Annual	Nonresident	Commercial Saltwater License	15.00	285.00	300.00
Annual	Resident	Trawler	6.25	118.75	125.00
Annual	Nonresident	Trawler	15.00	285.00	300.00
Annual	Resident	Crab Pots/Traps (50 Pots)	1.25	23.75	25.00
Annual	Nonresident	Crab Pots/Traps (50 Pots)	6.25	118.75	125.00
Annual	Resident	Each Additional Pot/Trap	.05	.75	1.00
Annual	Nonresident	Each Additional Pot/Trap	.25	4.75	5.00
Annual	Resident	Haul Seine Net (per 100 ft or portion)	.50	9.50	10.00
Annual	Nonresident	Haul Seine Net (per 100 ft or portion)	2.50	47.50	50.00
Annual	Resident	Gill Net (per 100 ft or portion)	.50	9.50	10.00
Annual	Nonresident	Gill Net (per 100 ft or portion)	2.50	47.50	50.00
Annual	All	Handheld Shellfish Equipment			No Charge
Annual	Resident	Mechanical Equipment	6.25	118.75	125.00
Annual	Nonresident	Mechanical Equipment	31.25	593.75	625.00
Annual	Resident	Trotlines	.50	9.50	10.00
Annual	Nonresident	Trotlines	2.50	47.50	50.00
Annual	Resident	Bait Dealer	1.25	23.75	25.00
Annual	Nonresident	Bait Dealer	6.25	118.75	125.00
Annual	Resident	Other Equipment	.50	9.50	10.00
Annual	Nonresident	Other Equipment	2.50	47.50	50.00
Annual	Resident	Shad Gill Net (per 100 yds or portion)	.50	9.50	10.00
Annual	Nonresident	Shad Gill Net (per 100 yds or portion)	2.50	47.50	50.00
Annual	Resident	Herring Gill Net (per 100 yds or portion)	.50	9.50	10.00
Annual	Nonresident	Herring Gill Net (per 100 yds or portion)	2.50	47.50	50.00
Annual	Resident	Sturgeon Net (per 100 yds or portion)	.50	9.50	10.00
Annual	Nonresident	Sturgeon Net (per 100 yds or portion)	2.50	47.50	50.00

Marine License & Permit Fee Schedule

<u>Duration</u>	<u>Status</u>	<u>Type Name</u>	<u>Retained Agent Fee</u>	<u>Program Revenue</u>	<u>Fee Total</u>
Annual	Resident	Channel Net	12.50	237.50	250.00
Annual	Resident	Drag Dredge	3.75	71.25	75.00
Annual	Nonresident	Drag Dredge	18.75	56.25	375.00
Annual	Resident	Elver/Fyke Net	.50	9.50	10.00
Annual	Nonresident	Elver/Fyke Net	2.50	47.50	50.00
Annual	Resident	State Shellfish Grounds Harvest	3.75	71.25	75.00
Annual	Nonresident	State Shellfish Grounds Harvest	18.75	56.25	375.00
Annual	Resident	Wholesale Seafood Dealer	5.00	95.00	100.00
Annual	Nonresident	Wholesale Seafood Dealer	25.00	475.00	500.00
Annual	Resident	Peeler Crab Dealer	3.75	71.25	75.00
Annual	Nonresident	Peeler Crab Dealer	18.75	356.25	375.00
Annual	Resident	Shellfish Dealer	.50	9.50	10.00
Annual	Nonresident	Shellfish Dealer	2.50	47.50	50.00
Annual	Resident	Minnow Traps	.50	9.50	10.00
Annual	Nonresident	Minnow Traps	2.50	47.50	50.00

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Scott Speares
Contact Phone Number: 734-3624
Contact E-mail Address: spearess@dnr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
2	P24	DNR	3035	Operating Revenue	2802	Indirect Cost	2-65-70(A)	Cost recovered from grants as authorized by federal regulations, Non PRDJ funded grants	Grant management and administration, agency finance and procurement functions.	44 CFR	Revenue is generated from administrating NOAA, EPA, USDA, Corps of Engineers, and other grants	\$733,646
3	P24	DNR	3035	Operating Revenue	5743	Other Penalties, Costs and Settlements	50-9-920(C)	Distributions received by the State from a court order or bankruptcy settlement.	Oyster Habitat Restoration	50-1-310, 50-9-940	The South Carolina State Ports Authority entered into a 5 year mitigation plan for restoration of oyster habitat in Charleston Harbor that was adversely impacted by port expansion.	\$423,317
8	P24	DNR	3035	Operating Revenue	5750	Conviction Surcharge	14-1-212(B)(1)(g)	Surcharge on fines	Law Enforcement of conservation and natural resource related laws and public safety.	14-1-212(B)(1)(g)	Individuals convicted in General Sessions, Magistrate or Municipal Court for misdemeanor traffic offenses or nontraffic violations pay a \$25 surcharge of which 1.55% of each surcharge is allocated to DNR Law Enforcement.	\$297,512
9	P24	DNR	3035	Operating Revenue	7201	Miscellaneous Revenue	Proviso 37.4	Any revenue not specifically identified in the Comptroller General's revenue codes.	General operations of agency programs receipting revenue.	Proviso 37.4	Miscellaneous Fines to citizens \$123,780, GIS Data Distribution/Climate Data Ctr \$3,560, Bad Debt Check Off \$2,146, Renewal Overpayments from license customers of less then \$3 \$6,623	\$244,194
	P24	DNR	3035	Operating Revenue	7221	Misc. Transfer-- Other Funds	7221	Correct posting of revenue from prior year	Operating transfer of revenue between funds that is not specifically classified under another code.		Corrected cash balance from Boat Titling expenses.	\$563,079
10	P24	DNR	3035	Operating Revenue	7403	Rent-State Owned Property	50-3-100	Receipt of rent for the use, occupancy and right to possession of lands and buildings owned by the State of South Carolina, the use, occupancy or possession of which is for a specified time.	Revenue primarily supports the Marine Resources Division operations in Charleston.	50-3-100	Use of the state owned building at the Fort Johnson, James Island facility by NOAA and research facility on Morgan Island by a private company. NOAA annual rent is approximately \$270,000 with annual adjustments based on the CPI. Morgan Island annual rent is approximately \$882,000 with a 5% annual increase.	\$1,920,714
13	P24	DNR	3035	Operating Revenue	7605	General Operating Contributions	2-65-30	Contributions and donations that are restricted by contribution for a specific function.	Wildlife and Freshwater Fisheries management and conservation programs.	2-65-30	Funding provided for: Yawkey Foundation to manage Yawkey Cnter \$719,000, private funding for fish stocking, creel surveys and water quality studies \$400,000. Revenue from the Dept of Motor Vehicles "Recreational Fishing" special license plate is also recorded here\$25,871	\$2,130,847

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Scott Speares
Contact Phone Number: 734-3624
Contact E-mail Address: spearess@dnr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
14	P24	DNR	3035	Operating Revenue	7802	Sale of Goods	Proviso 37.1	Goods purchased for the purpose of resale.	South Carolina Wildlife Magazine	Proviso 37.1	Customers purchase items from the South Carolina Wildlife Gift Shop. Items range in price from \$3.00 - \$3,200.00	\$251,808
15	P24	DNR	3035	Operating Revenue	7803	Sale of Services	50-11-2300	Sale of services not specifically identified in the Comptroller General's revenue codes.	South Carolina Wildlife Magazine, Education programs, Operation Game Thief program, License sales	50-11-2300	Sale of Property Watch materials to land owners \$12,000, , FOIA requests from individuals approx \$7,200	\$105,745
16	P24	DNR	3035	Operating Revenue	7810	Sale of Publications & Brochures	Proviso 37.1	Fee to cover cost of printing publication.	South Carolina Wildlife Magazine	Proviso 37.1	Customers purchase magazine subscriptions to the South Carolina Wildlife Magazine. 1 yr \$12, 2 yrs \$20, 3 yrs \$27	\$419,499
18	P24	DNR	3069	Aerial Photography Program	7201	Miscellaneous Revenue	Proviso 37.5	Any revenue not specifically identified in the Comptroller General's revenue codes.	GIS / LIDAR Aerial Photography program	Proviso 37.5	Contribution of participating partner for LIDAR program.	\$1,200
19	P24	DNR	3069	Aerial Photography Program	7604	General Contributions & Donations	Proviso 37.5	Contributions and donations that are restricted by contribution for a specific function.	GIS / LIDAR Aerial Photography program	Proviso 37.5	Contribution of participating partner for LIDAR program. Contributions by local, state and federal entities.	\$45,000
20	P24	DNR	3069	Aerial Photography Program	7803	Sale of Services	Proviso 37.5	Sale of services not specifically identified in the Comptroller General's revenue codes.	GIS / LIDAR Aerial Photography program	Proviso 37.5	Contribution of participating partner for LIDAR program	\$237,820
21	P24	DNR	3069	Aerial Photography Program	7823	Sale of Recycling Material	Proviso 37.5	Sale of Recycling Material not allowed to be disposed in typical manner	GIS / LIDAR Aerial Photography program	Proviso 37.5	Sale of used batteries to recycle facility.	\$49
22	P24	DNR	3098	Contributions	7604	General Contributions & Donations	11-13-45	To designate contributions and donations that are not restricted by the contributor for use in a particular function	To fulfill the purposes and conditions of the donations or contributions, if specified, and if not specified, as directed by the proper authorities of the department.	11-13-45	Contributions by individuals for various purposes	\$50

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Scott Speares
Contact Phone Number: 734-3624
Contact E-mail Address: spearess@dnr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
23	P24	DNR	3098	Contributions	7605	General Operating Contributions & Donations	11-13-45	To designate operating contributions and donations that are restricted by the contributor for use in a particular function	To fulfill the purposes and conditions of the donations or contributions, if specified, and if not specified, as directed by the proper authorities of the department.	11-13-45	Contribution by individual for operation of Donnelley WMA	\$585
24	P24	DNR	3285	Water Recreation Resource Fund	0309	Gas Tax-County Watercraft	12-28-2730	Record distribution of gasoline tax	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	A portion of the gasoline tax paid by consumers from the previous fiscal year is distributed by the Dept of Revenue to DNR in August. The enabling statute allocates this money to law enforcement operations, aquatic weed control, operation of the boating access program and the county water recreational resource fund. The county allocation is based on the proportion of state registered watercraft in each county. There is a 16 cent per gallon (12-28-310(A)) fee per gallon of which 1% of the proceeds from 13 cents of the fee is allocated to the DNR Water Recreation resources Fund.	\$3,361,478
25	P24	DNR	3285	Water Recreation Resource Fund	3801	Refund-Prior Year Expenditure	12-28-2730(H)	Refund from prior year expenditures.	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	Reimbursements of expenditures made in the previous fiscal year.	\$5,983
26	P24	DNR	3285	Water Recreation Resource Fund	7201	Miscellaneous Revenue	12-28-2730	Any revenue not specifically identified in the Comptroller General's revenue codes.	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	Funds that were credited to the incorrect account.	\$234

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Scott Speares
Contact Phone Number: 734-3624
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
26	P24	DNR	3285	Water Recreation Resource Fund	7221	Miscellaneous Transfer-Other Fund		Operating transfer of revenue between funds that is not specifically classified under another code.	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	Funds that were credited to the incorrect account.	\$1,210
27	P24	DNR	3285	Water Recreation Resource Fund	7234	Purchasing Card Rebate Program	89.70	Distribution of the State Purchasing Card Rebate receipted by the State	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	The portion of the rebate allocated to the agency for use of the state procurement card for the prior year.	\$44
27	P24	DNR	3285	Water Recreation Resource Fund	7702	Insurance Claims		Proceeds received from insurance claims.	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	Insurance Reserve Fund reimbursed the agency for claims	\$20,462
27	P24	DNR	3285	Water Recreation Resource Fund	7853	Sale of Vehicles (Capitalized)	12-28-2730(G)	Proceeds from the sale of capitalized vehicles	Law Enforcement of conservation and natural resource related laws and public safety, aquatic weed control, County Water Recreation Resource projects	12-28-2730(A)	The revenue derived from the sale of surplus equipment originally procured with county water recreation resource funds must be returned to the water rectreation resource fund. Payments made by highest bidders at auction.	\$4,095
28	P24	DNR	3800	Boating/Drew's Law Fund	3801	Refund Prior Year Expenditures	Proviso 37.2	Refund from prior year expenditures.	Boat Titling and Registration	Proviso 37.2	Reimbursements from other entities for expenses incurred in the prior fiscal year.	\$33,823

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Contact Phone Number: 734-3624
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
29	P24	DNR	3800	Boating/Drew's Law Fund	3902	Other Reimbursements - State Agencies	Proviso 37.2	Allows agency to recover costs associated with collecting casual sales tax	Boat Titling and Registration	Proviso 37.2	Collection of casual excise tax by DNR on behalf of the Dept of Revenue. SCDOR reimburses DNR for specified operational costs associated with collecting the casual sales tax.	\$55,873
30	P24	DNR	3800	Boating/Drew's Law Fund	4532	Boating Registration Fee	50-23-10, 50-23-70, 50-23-340, 23-370, 380	Fees collected for registration/titling of watercraft and titling of outboard motors.	Boating Safety,Marine Theft & Investigations, Boat Titling Offices and general operating activities of the agency.	50-21-160 50-23-220	Owners titling/registering watercraft and titling outboard motors, renewing watercraft registrations or replacing lost or stolen registration cards and/or registration decals. Marine Dealers that desire to become a SC Permitted Marine Dealer. <i>*Fee schedule attached.</i>	\$3,009,047
31	P24	DNR	3800	Boating/Drew's Law Fund	5725	Boating Violation Fine	Title 50 Chapters 21 and 23 contain numerous references.	Fine assessed for violation of state boating laws.	Law Enforcement	50-21-160 50-23-220	Fines are paid by convicted violators of boating safety and natural resource laws. Fines range from \$25 - \$5,000. Revenue is being migrated from fund 3035.	\$98,826
32	P24	DNR	3800	Boating/Drew's Law Fund	7201	Miscellaneous Revenue	30-4-30(b)	Any revenue not specifically identified in the Comptroller General's revenue codes.	Boat Titling Offices and general operating activities of the agency.	50-21-160 50-23-220	FOIA requests for documents. The fee is paid by those who request documents other than general information readily available to the general public.	\$81
33	P24	DNR	3800	Boating/Drew's Law Fund	7234	Purchasing Card Rebate Program	89.70	Distribution of the State Purchasing Card Rebate receipted by the State	Boating Safety,Marine Theft & Investigations, Boat Titling Offices and general operating activities of the agency.	50-21-160 50-23-220	The portion of the rebate allocated to the agency for use of the state procurement card for the prior year.	\$2,139
34	P24	DNR	3800	Boating/Drew's Law Fund	7605	General Operating Contributions & Donations	12-6-5060	Designate contributions or donations restricted by the contributor.	Boating Safety,Marine Theft & Investigations, Boat Titling Offices and general operating activities of the agency.	50-21-160 50-23-220	Contribution made by the Harry Hampron Wildlife Fund	\$6,029

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Contact E-mail Address: spearess@dnr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
35	P24	DNR	3800	Boating/Drew's Law Fund	7803	Sale of Services	30-4-30(b)	Sales or services of any nature and not otherwise specifically classified under other codes.	Boating Safety,Marine Theft & Investigations, Boat Titling Offices and general operating activities of the agency.	50-21-160 50-23-220	FOIA requests for documents. The fee is paid by those who request documents other than general information readily available to the general public.	\$38,884
36	P24	DNR	3800	Boating/Drew's Law Fund	7853	Sale of Vehicles (Capitalized)	11-35-3820, 12-28-2730(H), B&CB Reg 19-445.2150	Proceeds from the sale of capitalized vehicles	Boating Safety,Marine Theft & Investigations, Boat Titling Offices and general operating activities of the agency.	50-21-160 50-23-220	Vehicles assigned to the Law Enforcement, and Outreach & Support Services Divisions are sold at auction through the B&CB. If the original funding source was Drew's Law/Boat Titling Fund revenue it is credited to this source. Payments made by highest bidders at auction.	\$24,388
36	P24	DNR	3800	Boating/Drew's Law Fund	7857	Sale of Buildings (Capitalized)		Proceeds from the sale of capitalized buildings	Boating Safety, Law Enforcement	50-21-160 50-23-220	Equipment assigned to the Law Enforcement, and Outreach & Support Services Divisions are sold at auction through the B&CB. If the original funding source was Drew's Law/Boat Titling Fund revenue it is credited to this source. Payments made by highest bidders at auction. This object code was incorrect, should have been 7820 Sale of Surplus Materials	\$24,388
38	P24	DNR	3912	Map Sales	7803	Sale of Services	Proviso 37.4	Revenue from sale of SC Mineral Rock Kits	Geology program	Proviso 37.4	Customers that purchase mineral rock kits from the Geology program.	\$423
39	P24	DNR	3912	Map Sales	7810	Sale of Publications & Brochures	Proviso 37.4	Revenue from sale of SC Geological publications.	Geology program	Proviso 37.4	Customers that purchase publications related to the geological formations in the state.	\$2,944
40	P24	DNR	3912	Map Sales	7818	Sale of Maps	Proviso 37.4	Proceeds from sale of maps	Geology program	Proviso 37.4	Customers that purchase geological maps of the state	\$1,870
41	P24	DNR	4373	Nongame & Wildlife & Natural Areas	1647	Special Plate-Motor Vehicle	56-3-4510(A)	Revenue from sale of "Endangered Species" commemorative motor vehicle license plate.	Protection & management of Loggerhead sea turtle nesting sites along the SC Coast. Protection & management of coastal seabird nesting islands, Crab Bank, Bird Key, Deveaux Bank, etc.	50-1-280(C)	Owners of motor vehicles registered in SC that choose to pay the additional \$30 fee to receive an "Endangered Species" license plate.	\$74,069

Revenue Object Codes

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42	P24	DNR	4373	Nongame & Wildlife & Natural Areas	6601	Investment Earnings	50-1-280(B)	Earnings received on funds invested in securities by the State Treasurer	Endangered species programs	50-1-280(C)	The revenue is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$9,846
44	P24	DNR	4373	Nongame & Wildlife & Natural Areas	7605	General Operating Contributions & Donations	50-1-280(B) 12-6-5060	Designate contributions or donations restricted by the contributor.	Protection & management of Loggerhead sea turtle nesting sites along the SC Coast. Protection & management of coastal seabird nesting islands, Crab Bank, Bird Key, Deveaux Bank, etc.	50-1-280(C)	Typically these receipts are from individuals making contributions as a memorial. Contributions are also received through the Dept of Revenue income tax return check-off program and the Dept of Motor Vehicles "Endangered Species" license plate.	\$43,194
43	P24	DNR	4373	Nongame & Wildlife & Natural Areas	7853	Sale of Vehicles (Capitalized)	11-35-3820, 12-28-2730(H), B&CB Reg 19-445.2150	Proceeds from the sale of capitalized vehicles	Endangered species programs	50-1-280(C)	Vehicles assigned to the Endangered Species Program. If the original funding source was grant related it is credited to this source. Payments made by highest bidders at auction.	\$3,330
45	P24	DNR	4397	Heritage Land Trust Operating Fund	3801	Refund Prior Year Expenditures	51-17-115	Refund from prior year expenditures.	Heritage Land Trust preserve management	51-17-115	Reimbursements from other entities for expenses incurred in the prior fiscal year. Revenue should have been credited to Heritage Lant Trust Fund.	\$8,314
46	P24	DNR	4397	Heritage Land Trust Operating Fund	7201	Miscellaneous Revenue	51-17-115	Any revenue not specifically identified in the Comptroller General's revenue codes.	Heritage Land Trust preserve management	51-17-115	Receipts from Nature Serv for use of SCDNR data in multi-jurisdictional projects. Revenue should have been credited to Heritage Lant Trust Fund.	\$1,500
46	P24	DNR	4397	Heritage Land Trust Operating Fund	7221	Miscellaneous Transfer-Other Fund	51-17-110	Operating transfer of revenue between funds that is not specifically classified under another code.	Heritage Land Trust preserve management	51-17-115	Funds transferred from the trust fund into a budgeted sub fund which are used for ordinary operating expenses managing Heritage Land Trust properties.	\$1,351,145

Revenue Object Codes

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	P24	DNR	44K8	Fish and Wildlife Deferred License Fund	1706	Hunting/Fishing Licenses & Permits	50-9-510(A)(1)(c), 50-9-510(B)(1)(b), 50-9-510(C)(1)(b), 50-9-515(1)(b), 50-9-515(2)(a)(ii), 50-9-540(B)(1)(c), 50-9-540(B)(2)(c)	Licenses/permits issued to individuals to hunt wildlife or fish in the state for 3 years. Year 2 and 3 of the revenue are deposited into the deferred account until it is transferred to fund 4609 the 2nd and 3rd year the license is valid.	Deer, Turkey, Alligator, Small Game, Migratory Waterfowl, Migratory Bird, Endangered Species, Fish hatchery, DNR Wildlife Management Area lands, Law Enforcement operations, License sales, and assorted other agency programs.	50-9-955(D)	Hunters, anglers and commercial fishermen purchase annual,and temporary licenses to hunt or fish statewide. Vendors selling licenses are in most cases authorized to retain a modest fee from the sale of each license/permit. *Fee schedule is attached	\$372,141
61	P24	DNR	44K8	Fish and Wildlife Deferred License Fund	6601	Investment Earnings	50-9-955(C)	Earnings received on funds invested in securities by the State Treasurer	Fisheries, Wildlife, Law Enforcement and Administration of the agency	50-9-955(D) 50 CFR 80.10	The revenue from hunting and fishing licenses is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$2,995
	P24	DNR	44K9	Marine Resources Deferred License Fund	1709	Marine Resources Licenses & Permits	50-9-540(A)(1)(c), 50-9-540(A)(2)(c)	Licenses issued to individuals to fish in the state saltwaters for 3 years. Year 2 and 3 of the revenue are deposited into the deferred account until it is transferred to fund 48A5 the 2nd and 3rd year the license is valid.	Marine finfish, crustaceans, shellfish, mariculture aquaculture and environmental monitoring, management and research, and Law Enforcement operations.	50-9-965(D)	Recreational anglers and commercial fishermen purchase annual,and temporary licenses to fish in the saltwaters of the state. Vendors selling licenses are in most cases authorized to retain a modest fee from the sale of each license/permit. *Fee schedule is attached	\$107,861
69	P24	DNR	44K9	Marine Resources Deferred License Fund	6601	Investment Earnings	50-9-965(C)	Earnings received on funds invested in securities by the State Treasurer	Marine finfish, crustaceans, shellfish, mariculture aquaculture and environmental monitoring, management and research.	50-9-965(D) 50 CFR 80.10	The revenue from licenses and permits is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$805

Revenue Object Codes

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	P24	DNR	4539	Mitigation Trust Operating Fund	4902	Sale of Timber	50-1-310(B) 50-3-510	Sale of timber and related products from land owned by the state.	Wildlife management areas located across the state in support of wildlife conservation programs.	50-1-310(E)	Timber sale bid requests are publicized by local newspaper notices and sending notices to known timber buyers. The highest bidder is always awarded unless the highest bid is inadequate, at which time all bids are refused and the sale is delayed until market conditions improve. Several different companies were awarded timber sales last year with varying revenue based on the area being harvested. Incorrect posting, should have been recorded in Mitigation Trust Fund.	\$136,985
47	P24	DNR	4539	Mitigation Trust Operating Fund	7221	Miscellaneous Transfer-Other Fund	50-1-310(C)	Operating transfer of revenue between funds that is not specifically classified under another code.	Mitigation projects across the state	50-1-310(E)	Funds transferred from the trust fund into a budgeted sub fund which are used for ordinary operating expenses managing Mitigation projects.	\$964,664
48	P24	DNR	4605	County Game & Fish Fund	1706	Hunting & Fishing License & Permits	50-9-920(B)(4)(a)	Licenses/permits issued to individuals to hunt wildlife or fish in the state.	Projects in the 46 counties which contribute to the protection, propagation, promotion and management of wildlife and fish, and enforcement of related laws.	50-9-970(G) 50 CFR 80.4(a)(3)	One half of the revenue remitted by license sales vendors is deposited into the county account where the license was sold. Internet and mass mailings which remit revenue for the same license type are equally distributed to the 46 accounts periodically. The fee is paid by nonresident anglers. *Fee schedule attached	\$319,412
49	P24	DNR	4605	County Game & Fish Fund	5724	Game & Fish Violation Fine	Title 50 Chapters 1,5,9,11,13,15,18 and 19 contain numerous references.	Fine assessed for violation of state game and fish laws.	Projects in the 46 counties which contribute to the protection, propagation, promotion and management of wildlife and fish, and enforcement of related laws.	50-9-970(G) 50 CFR 80.4(a)(3)	Fines are paid by convicted violators of game and fish laws. Fines range from \$25 - \$10,000. Revenue is being migrated from fund 3035.	\$177,199

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50	P24	DNR	4605	County Game & Fish Fund	6601	Investment Earnings	50-9-970(F)	Earnings received on funds invested in securities by the State Treasurer	Projects in the 46 counties which contribute to the protection, propagation, promotion and management of wildlife and fish, and enforcement of related laws.	50-9-970(G) 50 CFR 80.4(a)(3)	The revenue from Licenses and fines (program income) is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$41,028
51	P24	DNR	4605	County Game & Fish Fund	7221	Miscellaneous Transfer-Other Fund	50-9-970(G)	Operating transfer of revenue between funds that is not specifically classified under another code.	Projects in the 46 counties which contribute to the protection, propagation, promotion and management of wildlife and fish, and enforcement of related laws.	50-9-970(G) 50 CFR 80.4(a)(3)	Crediting the balance that remained in fund 4609.	\$7,208
52	P24	DNR	4607	Wildlife Endowment Fund-Principal	1706	Hunting & Fishing License & Permits	50-3-730	Licenses/permits issued to individuals to hunt wildlife or fish in the state.	Wildlife and Fisheries conservation & management programs in the state.	50-3-740	Hunters and anglers purchase Lifetime Licenses to hunt or fish statewide. <i>*Fee schedule is attached</i>	\$278,777
54	P24	DNR	4607	Wildlife Endowment Fund-Principal	7605	General Operating Contributions & Donations	50-3-730	To designate operating contributions and donations that are restricted by the contributor for use in a particular function	Wildlife and Fisheries conservation & management programs in the state.	50-3-740	Contributions made by citizens to the endowment fund.	\$6
55	P24	DNR	4608	Wildlife Endowment Fund - Income	6601	Investment Earnings	50-3-740(3)	Earnings received on funds invested in securities by the State Treasurer	Wildlife conservation programs in the state.	50-3-750	The revenue from Lifetime Licenses is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$146,677

Revenue Object Codes

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1	P24	DNR	4609	Fish and Wildlife Protection Fund	1647	Special License Tag Fee	56-3-4510(B), 50-9-950(A)(4)	Revenue from sale of "South Carolina Wildlife" commemorative motor vehicle license plates.	Deer, Turkey, Alligator, Small Game, Migratory Waterfowl, Migratory Bird, Endangered Species, Fish hatchery, DNR Wildlife Management Area lands, Law Enforcement operations, License sales, and assorted other agency programs.	50-9-960(E)	Owners of motor vehicles registered in SC that choose to pay the additional \$30 fee to receive a "South Carolina Wildlife" license plate.	\$10,181
56	P24	DNR	4609	Fish and Wildlife Protection Fund	1706	Hunting & Fishing License & Permits	Title 50 Chapters 1,9,11,13,15,18 and 19 contain numerous references.	Licenses/permits issued to individuals to hunt wildlife or fish in the state.	Deer, Turkey, Alligator, Small Game, Migratory Waterfowl, Migratory Bird, Endangered Species, Fish hatchery, DNR Wildlife Management Area lands, Law Enforcement operations, License sales, and assorted other agency programs.	50-9-950(D) 50 CFR 80.10	Hunters, anglers and commercial fishermen purchase annual,and temporary licenses to hunt or fish statewide. Vendors selling licenses are in most cases authorized to retain a modest fee from the sale of each license/permit. <i>*Fee schedule is attached</i>	\$13,242,952
57	P24	DNR	4609	Fish and Wildlife Protection Fund	2802	Indirect Cost	2-65-70(A) 50 CFR 80.4(a)(4)	Cost recovered from grants as authorized by federal regulations	Grant management and administration, agency finance and procurement functions.	50-9-950(D) 50 CFR 80.10	Revenue is generated from administrating federal grants for Wildlife ands Freshwater Fisheries Management and Research funded by Pittman-Robinson Act and Dingell-Johnson Act revenue, both allocated by the US Fish & Wildlife Svc.	\$861,330
59	P24	DNR	4609	Fish and Wildlife Protection Fund	4889	Grass Carp Testing Recoupment Fee	50-13-1630(C)(1)	To recoup the cost of certification testing of Triploid Grass Carp	Freshwater Fisheries-Hatchery Operations which conducts the testing.	50-9-950(D) 50 CFR 80.10	The fee is paid by wholesale dealers that bring grass carp into the state. Each shipment must be sampled to ensure the fish are sterile.	\$48,734

Revenue Object Codes

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60	P24	DNR	4609	Fish and Wildlife Protection Fund	4902	Sale of Timber	50-3-550 50-3-950(A)(3)	Sale of timber and related products from land owned by the state.	Wildlife management areas located across the state in support of wildlife conservation programs.	50-3-550 50-9-950(D) CFR 80.10	Timber sale bid requests are publicized by local newspaper notices and sending notices to known timber buyers. The highest bidder is always awarded unless the highest bid is inadequate, at which time all bids are refused and the sale is delayed until market conditions improve. Several different companies were awarded timber sales last year with varying revenue based on the area being harvested.	\$854,255
61	P24	DNR	4609	Fish and Wildlife Protection Fund	6601	Investment Earnings	50-9-950(D)	Earnings received on funds invested in securities by the State Treasurer	Fisheries, Wildlife, Law Enforcement and Administration of the agency	50-9-950(D) 50 CFR 80.10	The revenue from hunting and fishing licenses is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$131,319
62	P24	DNR	4609	Fish and Wildlife Protection Fund	7201	Miscellaneous Revenue	50-9-950(A)(6)	Any revenue not specifically identified in the Comptroller General's revenue codes.	Fisheries, Wildlife, Law Enforcement and Administration of the agency	50-9-950(D) 50 CFR 80.10	FOIA requests for documents. The fee is paid by those who request documents other than general information readily available to the general public.	\$24,206
64	P24	DNR	4609	Fish and Wildlife Protection Fund	7605	General Operations Contributions & Donations-Restricted	50--9-50(A)(5) 12-6-5060	To designate operating contributions and donations that are restricted by the contributor for use in a particular function	Hunter Education	50-9-950(D) 50 CFR 80.10	Contribution by the National Shooting Sports Foundation for construction and improvements to shooting ranges	\$123,221
65	P24	DNR	4609	Fish and Wildlife Protection Fund	7803	Sale of Services	50-9-950(A)(6)	Sale of services not specifically identified in the Comptroller General's revenue codes.	Fisheries, Wildlife, Law Enforcement and Administration of the agency	50-9-950(D) 50 CFR 80.10	FOIA requests for documents. The fee is paid by those who request documents other than general information readily available to the general public.	\$5,935
66	P24	DNR	4609	Fish and Wildlife Protection Fund	7853	Sale of Vehicles (Capitalized)	11-35-3820, 12-28-2730(H), B&CB Reg 19-445.2150	Proceeds from the sale of capitalized vehicles	Fisheries, Wildlife, Law Enforcement and Administration of the agency	50-9-950(D) 50 CFR 80.10	Vehicles assigned to the Law Enforcement, Wildlife & Freshwater Fisheries and Outreach & Support Services Divisions are sold at auction through the B&CB. If the original funding source was Fish & Wildlife Protection Fund revenue it is credited to this source. Payments made by highest bidders at auction.	\$9,878

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63	P24	DNR	4609	Fish and Wildlife Protection Fund	7857	Sale of Buildings (Capitalized)	50-9-950(A)(3)	Proceeds from the sale of capitalized buildings	Fisheries, Wildlife, Law Enforcement and Administration of the agency	50-9-950(D) 50 CFR 80.10	Equipment assigned to the Law Enforcement, and Outreach & Support Services Divisions are sold at auction through the B&CB. If the original funding source was Fish & Wildlife Protection Fund revenue it is credited to this source. Payments made by highest bidders at auction. This object code was incorrect, should have been 7820 Sale of Surplus Materials	\$7,119
67	P24	DNR	48A5	Marine License & Permit Fees	1709	Marine Resource License & Permits	50-5-25(A) 50-9-540 50-9-960(A)(1)	Licenses/permits issued to individuals to fish in the saltwaters of the state for recreational and commercial purposes.	Marine finfish, crustaceans, shellfish, mariculture aquaculture and environmental monitoring, management and research, and Law Enforcement operations.	50-9-960(E) 50 CFR 80.10	Recreational anglers and commercial fishermen purchase annual,and temporary licenses to fish in the saltwaters of the state. Vendors selling licenses are in most cases authorized to retain a modest fee from the sale of each license/permit. <i>*Fee schedule is attached</i>	\$2,912,940
68	P24	DNR	48A5	Marine License & Permit Fees	2802	Indirect Cost	2-65-70(A) 50 CFR 80.20(f)	Cost recovered from grants as authorized by federal regulations	Grant management and administration, agency finance and procurement functions.	50-9-960(E) 50 CFR 80.10	Revenue is generated from administrating federal grants for Marine Resources Management and Research grants funded by Dingell-Johnson Act revenue allocated by theUS Fish & Wildlife Svc	\$184,570
69	P24	DNR	48A5	Marine License & Permit Fees	6601	Investment Earnings	50-9-960(A)(4)	Earnings received on funds invested in securities by the State Treasurer	Marine finfish, crustaceans, shellfish, mariculture aquaculture and environmental monitoring, management and research.	50-9-960(E) 50 CFR 80.10	The revenue from licenses and permits is invested by the State Treasurer in accordance with provisions in Title 11. The investment earnings are transferred to this account at the end of each month.	\$71,217
70	P24	DNR	48A5	Marine License & Permit Fees	7201	Miscellaneous Revenue	50-9-960(A)(5)	Any revenue not specifically identified in the Comptroller General's revenue codes.	Marine finfish, crustaceans, shellfish, mariculture aquaculture and environmental monitoring, management and research.	50-9-960(E) 50 CFR 80.10	FOIA requests for documents. The fee is paid by those who request documents other than general information readily available to the general public.	\$269

	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
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Contact's Phone Number:			734-3624						
Contact's E-mail Address:			Spearess@dnr.sc.gov						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P24	DNR	3035	Operating Revenue	0603 1647 1706 2605 2802 3801 3804 3902 4889 5701 5724 5743 5750 5759 5760 7201 7221 7234 7403 7405 7506 7604 7605 7702 7802 7803 7810 7816 7818 7820 7843 7853 7857 7861 7862 7866	\$6,047,273	\$7,605,165	79.5%	Marine Resources Operating Revenue represents program income for the ACE Basin, contracts with state and federal agencies, indirect costs retained by the agency from specific federal grants and private donations made for specific projects. Remittances are often made in lump sums while expenses occur over the year; South Carolina Wildlife Magazine subscription revenue is used to support magazine operations over the life of the subscription which ranges from 1-2 years; Residual funds from fines belonging to County Game/Fish Accounts must be expended in the respective counties. The department provides recommendations to county delegations for primary consideration over any other projects. To reduce the carry forward would require approval of the Legislature; Law Enforcement Surcharge which provides general operation dollars for the Law Enforcement Division varies by month.
2	P24	DNR	3069	Aerial Photography Program	7201 7604 7803 7823	\$691,843	\$27,000	2562.4%	Funds represent partnerships between the agency's GIS section and other federal, state and county entities. They are for specific purposes such as providing aerial infrared and digital mapping for various sections of the state. Mapping flights are flown during winter months for optimal results. Depending on the projects planned for the FY amounts vary from year to year. These funds are typically collected during the spring for the following year flight/processing and remitted as a lump sum from the entities
3	P24	DNR	3098	Donations	7604 7605	\$2,535	\$5,880	43.1%	The agency seeks ways to use these funds based on the reason individuals provide the donation.

	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
Name of Agency Contact:			Scott Speares						
Contact's Phone Number:			734-3624						
Contact's E-mail Address:			Spearess@dnr.sc.gov						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
4	P24	DNR	3285	Water Recreation Resources Fund	0309 3801 7201 7234 7702 7853	\$15,289,084	\$3,014,262	507.2%	These funds are derived from a portion of the gasoline sales tax remitted to DNR by SCDOT. Water Recreation Funds are governed by SC Code of Laws 12-28-2730. Funds are allocated once a year in August. Item C under the law states "Each county delegation may make recommendations to the South Carolina Department of Natural Resources for projects to acquire, create, or improve water recreational resources. The department must give these recommendations primary consideration over any other projects." To reduce the carry forward would require approval of the Legislature. Depending on the county, it may take several years to build a balance to fund specific projects.
5	P24	DNR	3634	Capital Reserve Fund--Operating Appropriations		\$23	\$9,462	0.2%	
5	P24	DNR	3800	Boat Titling/Drew's Law	3801 3902 4532 5725 7201 7234 7605 7702 7802 7803 7815 7817 7820 7853 7854 7857	\$1,496,226	\$3,864,655	38.7%	This subfund is derived from revenues collected from boat titling and registration fees and fines for improper registration or improper operation of watercraft. A portion of the fees are used exclusively for department law enforcement operations, the balance to fund the titling/registration program and for department operations. The fees are highly seasonal and need to be carried forward to support operations during off season periods.
6	P24	DNR	3912	Map Sales	7803 7810 7818	\$14,039	\$1,290	1088.3%	Funds and expenses vary from year to year. These funds are typically used to offset unexpected operating expenses not covered by grant funds.
7	P24	DNR	4373	Nongame Wildlife & Natural Resources	1647 6601 7605 7853	\$349,116	\$186,736	187.0%	A majority of these funds are derived from a tax check-off line on SCDOR tax forms. The bulk of funds are transferred to DNR between April and June. Salaries for several endangered species biologists are paid from these funds. The seasonal nature of receipts does not allow for payment of salaries unless an amount can be brought forward each year to fund expenses until receipts increase during tax filings.

	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
Name of Agency Contact:			Scott Speares						
Contact's Phone Number:			734-3624						
Contact's E-mail Address:			Spearess@dnr.sc.gov						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
8	P24	DNR	4397	Heritage Land Trust Operating Fund	3801 7201 7221	\$511,660	\$988,426	51.8%	This operating fund was established at the request of the Office of State Budget. The fund receives an annual distribution from the Heritage Land Trust Fund for the ordinary expenses associated with managing Heritage Preserves and Properties. Previously these expenses were made directly from the trust fund. The transfer is made upon approval of the DNR Board and the balance is typically expended each year. Any investment earnings are credited to the HLTF. A transfer from the HLTF is typically made at the end of the FY to ensure a cash balance is available for operations to begin the new FY. Multiple transfers in a year would be inefficient.
9	P24	DNR	44K8	Fish & Wildlife Protection Fund - Deferred Revenue	1706 6601	\$381,454	\$0	#DIV/0!	Revenue is derived from the sale of multi-year licenses. Revenue for future years is not available until the year for which the license is valid. One transfer per FY is allowed from the fund to the Fish & Wildlife Protection Fund (4609). <i>(Effective FY 2011)</i>
10	P24	DNR	44K9	MarineResources Fund - Deferred Revenue	1709 6601	\$111,112	\$0	#DIV/0!	Revenue is derived from the sale of multi-year licenses. Revenue for future years is not available until the year for which the license is valid. One transfer per FY is allowed from the fund to the Marine Resources Fund (48A5). <i>(Effective FY 2011)</i>
11	P24	DNR	4539	Mitigation Trust Operating Fund	4902 7221	\$872,758	\$593,720	147.0%	This operating fund was established at the request of the Office of State Budget. The fund receives an annual distribution from the Mitigation Trust Fund for the ordinary expenses associated with performing work on specific mitigation projects. Previously these expenditures were made directly from the trust fund. The transfer is made upon approval of the DNR Board and the balance is typically expended each year. Any investment earnings are credited to the MTF. A transfer from the MTF is typically made at the end of the FY to ensure a cash balance is available for operations to begin the new FY. Multiple transfers in a year would be inefficient.

	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
Name of Agency Contact:			Scott Speares						
Contact's Phone Number:			734-3624						
Contact's E-mail Address:			Spearess@dnr.sc.gov						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
12	P24	DNR	4605	County Game & Fish Fund	1706 5724 6601 7221	\$1,971,491	\$5,322	37044.2%	This fund represents revenue derived from license sales and hunting/fishing fines which occurred in each of the 46 counties. Each county delegation may make recommendations for projects within the county that further the protection, promotion and propagation of fish and wildlife and enforcement of fish and wildlife laws in each county. Balances are carried forward each year and legislation would be required to change. US 50 CFR 80.4 C states that these funds may not be used for any purpose other than the administration of the State fish and wildlife agency.
13	P24	DNR	4607	Wildlife Endowment Fund - Principal	1706 4532 7605	\$2,892,059	\$0	#DIV/0!	Funds in this account primarily represent lifetime license revenue. 50-3-710 requires these funds be used for the purpose of supporting wildlife conservation programs of the State. US 50 CFR 80.4 C states that these funds may not be used for any purpose other than the administration of the State fish and wildlife agency. The schedule of fees for the lifetime license is based on a use timeline of 15 to 20 years. By using the funds at a rate that would only allow a 60 day carry forward, the amount of the fee would not carry the activity for the duration of its use.
14	P24	DNR	4608	Wildlife Endowment Fund - Income	6601	\$454,747	\$270,255	168.3%	The interest on the wildlife endowment was authorized by the DNR Board to be used to pay salaries associated with the license operations section. The carry forward has changed based on low interest income and the expenditure of approximately \$250,000. Based on rate of use and decreased income, it is estimated the balance will be insufficient to fund these operations after FY 2013. US 50 CFR 80.4 C states that these funds may not be used for any purpose other than the administration of the State fish and wildlife agency.

	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
Name of Agency Contact:			Scott Speares						
Contact's Phone Number:			734-3624						
Contact's E-mail Address:			Spearess@dnr.sc.gov						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
15	P24	DNR	4609	Fish & Wildlife Protection Fund	1647 1706 1735 2802 3801 3902 4889 4902 6601 7201 7234 7403 7604 7605 7702 7803 7810 7817 7853 7854 7857 7866	\$3,531,900	\$13,890,455	25.4%	The primary source of receipts for the Game Protection Fund is hunting and freshwater fishing license/permit fees. Based on licenses being issued on a fiscal year basis, the highest level of receipts will be in June and July (when the new licenses go on sale). Carry forward will always be greater due to the timing of the fiscal year end and sale of licenses/permits to hunters/anglers. US 50 CFR 80.4 C states that these funds may not be used for any purpose other than the administration of the State fish and wildlife agency. License sales are seasonal and a carry forward balance is needed to support programs during off peak times.
16	P24	DNR	48A5	Marine License & Permit Fees	1709 2802 3801 6601 7201 7403 7605	\$3,375,678	\$1,933,974	174.5%	The primary source of receipts for the Marine License & Permit Fees is saltwater fishing licenses/permit dollars. Based on licenses being issued on a fiscal year basis, the highest level of receipts will be in June and July (when the new licenses go on sale). Carry forward will always be greater due to the timing of the fiscal year end and sale of licenses/permits to hunters/anglers. US 50 CFR 80.4 C states that these funds may not be used for any purpose other than the administration of the State fish and wildlife agency. License sales are seasonal and a carry forward balance is needed to support programs during off peak times.
								#DIV/0!	

Revenue Object Codes												
Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number												
								P26				
Name of Agency Contact:		Name	Judy Linder or Elaine Knight									
Contact Phone Number:		Phone #	843-953-2078									
Contact E-mail Address:		E-mail	Judy.Linder@scseagrant.org or elaine.knight@scseagrant.org									
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	P26	SCSGC	3131	Consortium Contracts	0202	Sales & Use Tax	Proviso 38.1 of FY 2012 Appropriations Act	Remit sales tax on Beach Sweep/River Sweep promotional materials and 4 other scientific research documents	Sea Grant Research and Beach Sweep/River Sweep programs		Tax calculated on sales of scientific documents and promotional materials.	\$241
	P26	SCSGC	3131	Consortium Contracts	7201	Miscellaneous Revenue	Sec.48-45-70(B)(6)	NFRA Dues for Ocean Observing collected During FY 11, Marine Debris Guide, Student Support, SC Information Network	Ongoing National Federation of Regional Associations Contract,Marine Debris Guide, Student Support, Information Network		(1) NFRA Dues for support of Ocean Observing;(2) Contributions for production and distribution of Marine Debris Guide (3) Contributions to maintain SC Information Network website in conjunction with NOAA Coastal Services Center (4) Contributions for College of Charleston student support from Mt. Pleasant Waterworks and Charleston Water System.	\$44,087
2	P26	SCSGC	3131	Consortium Contracts	7604	General Contributions & Donations - Unrestricted	Sec.48-45-70(B)(6)	Unrestricted portion of NFRA Dues for Ocean Observing collected During FY 11	Ongoing National Federation of Regional Associations Contract		A portion of the yearly donations for NFRA are designated as unrestricted funds by the Regional Association used to support ocean observing	not found
3	P26	SCSGC	3131	Consortium Contracts--DHEC	7506	General Contributions & Donations - Restricted	Sec.48-45-70(B)(6)	DHEC BERM funds for BERM research at CCU and USC.	BERM research		BERM funds were provided by DHEC for the support of BERM research at CCU, and USC	\$45,188
	P26	SCSGC	3131	Consortium Contracts	7605	Beach Sweep /River Sweep Donations	Proviso 38.1 of FY 2012 Appropriations Act	Donations for BeachSweep/River Sweep	Beach Sweep/River Sweep		Yearly donations are solicited for the support of the BeachSweep/River Sweep Program which is the annual clean-up program	\$30,120
4	P26	SCSGC	3131	Consortium Contracts	7802	Sale of Goods	Proviso 38.1 of FY 2012 Appropriations Act	Sale of Promotional items for Beach Sweep/River Sweep	Beach Sweep/River Sweep		Sale of Beach Sweep/River t-shirts	\$3,219
5	P26	SCSGC	3131	Consortium Contracts	7810	Sale of Publications & Brochures	Proviso 38.1 of FY 2012 Appropriations Act	Sale of Publications on scientific research	Sea Grant Research		Sale of publications on scientific research	\$85
6	P26	SCSGC	3131	Consortium Contracts	7823	Recycling Revenue		Sale of recyclable items	Sea Grant Research		Recycling of paper, cans, bottles	not found
7	P26	SCSGC	3958	Sale of Assets	7820	Sale of Surplus Materials	Sec.48-45-70(B)(9)	Sale of Surplus Materials	Sea Grant Research		Sale of Surplus items	\$0

	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
							P26		
Name of Agency Contact:			Judy Linder or Elaine Knight						
Contact's Phone Number:			843-953-2078						
Contact's E-mail Address:			Judy.Linder@scseagrant.org or elaine.knight@scseagrant.org						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P26	Sea Grant	3131	Consortium Contracts	202 7201 7604 7605 7802 7810 7854	\$166,928	(\$323)	-51680.5%	Maintained within this subfund are (1) contributed funds by the National Federation of Regional Associations for Coastal Observing used for continuing contractual research, (2) funds maintained for a project coordinator who is supported by Sea Grant (1/2 time) for BERM research (Beach Erosion) at Coastal Carolina University; Coastal Carolina University contributes the other 1/2 of the coordinator's salary+finge benefits, (3) Beach Sweep/River Sweep campaign every year which is funded by donations, and (4) funding for <i>Pfiesteria</i> research but the funds have not been used due to the lack of any <i>Pfiesteria</i> bloom occurences recently; (5) Revenue generated due to the sale of reprints of research material and results; (6) contributions from various Universities for the production and distribution of a "Marine Debris Guide"; Contractual student funding from Mount Pleasant Water and Charleston Water System to the College of Charleston; Funds for upkeep and maintenance of SC Information Network website). In each of the cases listed above the Consortium has an ongoing contractual obligation for the use of the revenue previously generated.
2	P26	Sea Grant	3958	Sale of Assets	7820	\$320	\$0	#DIV/0!	None

Fee Details Apply to State Park Revenues – Sub Fund 3035

CAMPING:

Standard campsites: \$10 - \$29

Full Service Campsites: \$16 - \$33

Rustic Tent Sites (water only): \$8 - \$19

Trailside Campsites (no hookups): \$4 - \$19

Primitive Group Camping: Based on the number in group with a minimum of \$10

LODGING:

Cabin/Villa: \$45 - \$175

Lodge Room: \$50 - \$91

DAY USE:

Community Building: \$100 - \$375

Pavilion: \$90 - \$112

Amphitheater: \$90 - \$112

Picnic Shelter: \$19 - \$76

Meeting Room: \$124 - \$800

Event Facilities: \$1,200 - \$5,000

ADMISSIONS:

Daily Admissions: \$2 - \$7.50

Park Passport: \$50 - \$75

Park Passport Plus - \$99

MARINA:

Yearly Lease (price per month): \$100 - \$150

Nightly Price: \$16 - \$21

EQUESTRIAN:

Horse Stall: \$6 – \$12.25

Show Ring: \$50

Horse Corrals: \$7.75

Agency Code	Agency Name (acronym)	Sub fund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
P28	PRT	3035	Operating Revenue	4827	Admission Fees	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	SCPRT charges an admission fee at 29 of the 47 State Parks. The fees range from \$1.50 to \$5.00 per person based on park location. Our customers are the general public and discounts are given to seniors, disabled persons and children.	\$3,760,184
P28	PRT	3035	Operating Revenue	4828	Golf Course Fees	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	Our facilities are open to the general public. These fees are collected by the users of the golf courses at Hickory Knob and Cheraw State Parks.	\$335,550
P28	PRT	3035	Operating Revenue	4848	State Park User Fee	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	These fees are paid by the general public. Park educational programs, self guided audio tours, boat launch fees and Equestrian permits are examples of the types of fees collected in this category.	\$1,436,910
		3035	Operating Revenue	4902	Sale of Timber	SECTION 51-3-110 Grants authority for the department of dispose of products from lands. Funds must be used to maintain forest and natural species health.	Collect Revenue associated with the sale of timber on State Park Property. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	SPS sells timber a times to support forest management. All funds are retained an use to promote and maintain forest and natural species environment.	\$423,427
P28	PRT	3035	Operating Revenue	7410	Rental- Cabins & Lodges	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	The SPS operates a reservation system by which the general public can reserve cabins, lodge rooms and villas via the internet, a toll free call center or by contacting the park directly.	\$3,282,559

Agency Code	Agency Name (acronym)	Sub fund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
P28	PRT	3035	Operating Revenue	7411	Rental - Camping Sites	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	The SPS operates a reservation system by which the general public can reserve campsites via the internet, a toll free call center or by contacting the park directly.	\$7,544,859
P28	PRT	3035	Operating Revenue	7412	Lease - Lots & Facilities	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	SPS collects fess associated with facility leases. These lease fees are generate from the lease of the private lot leases at Hunting Island and monthly boat slip fees at Dreher Island are examples of how this revenue is generated.	\$270,065
P28	PRT	3035	Operating Revenue	7802	Sale of Goods	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	The SPS operates numerous retail locations throughout the park system. SPS sells food, souvenirs, sundries and other assorted items at these locations for the convenience of our customers.	\$2,939,334
P28	PRT	3035	Operating Revenue	7821	Sale of Gasoline	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues.	Collect Fees associated with the use of the State Parks. The funds are used to offset the cost of the General Fund for daily operational costs.	State Park Service	51-1-40	The SPS operates marinas at Dreher Island, Calhoun Falls and Lake Wateree which sales gasoline to boaters.	\$224,236
		3037	Miscellaneous Revenue	7201	Special Deposits	No carry forward authority.	These funds are generated by state contracts with two members of the SC Assoc. of Regional Tourism organizations.	These funds are used to offset the costs of operating two Welcome Centers.	Contracts are on a fiscally year basis. Any unexpended funds are returned to the contractor.	These funds are generated by state contracts with two members of the SC Assoc. of Regional Tourism organizations.	\$176,666

Agency Code	Agency Name (acronym)	Sub fund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
9	P28	PRT	3219	Litter Control Fees	5748	Litter Control Fines	SECTION 14-1-208 (10) (10) 14.77 percent to the Governor's Task Force on Litter and in the expenditure of these funds, the provisions of Chapter 35 of Title 11 do not apply;	Palmetto Pride/Governors Task Force on Litter	14-1-208 (10)	Fines are collected throughout the court system in the state and remitted to the STO. The STO then transfers the fines to the appropriate agency.	\$3,280,963
			3219	Litter Control Fees	5760	Litter Control Traffic Education Program	SECTION 14-1-208 (10) (10) 13.61 percent to the Governor's Task Force on Litter and in the expenditure of these funds, the provisions of Chapter 35 of Title 11 do not apply;	Palmetto Pride/Governors Task Force on Litter	14-1-208 (10)	Fines are collected throughout the court system in the state and remitted to the STO. The STO then transfers the fines to the appropriate agency.	\$272,659
10	P28	PRT	3383	Vacation Guide Mailing List	7810	Sale of Publications	SECTION 51-1-40 Admission and other fees; gift and souvenir shop revenues. SCPRT Sells Advertising space in the vacation guide.	The funds are used to offset the costs of creative and printing costs associated with the vacation guide	51-1-40 and Proviso 39.4	Advertising pages are sold in the Vacation Guide based on ad size. The revenue is used to offset the cost of the creative and printing costs associated with the guide	\$742,261
11	P28	PRT	3707	Motion Picture Incentive	0602	Admission Tax	Section 12-62-20 Sub fund is used solely for the purpose of collecting and expending funds associated with Supplier Rebates associated with the Motion Picture Incentive Act.	The South Carolina Film Commission uses to grant funds to attract feature length film, video, television series, or commercial in whole or in part to South Carolina.	Section 12-62-60	An amount equal to twenty six percent of the general fund portion of admissions tax collected by the State of South Carolina for the previous year must be funded annually to the department for the exclusive use of the South Carolina Film Commission.	\$6,022,004
			3707	Motion Picture Incentive	0404	Employer Withholding	Section 12-62-50 Sub fund is used solely for the purpose of collecting and expending funds associated with Wage Rebates associated with the Motion Picture Incentive Act.	The South Carolina Film Commission uses to grant funds to attract feature length film, video, television series, or commercial in whole or in part to South Carolina.	Section 12-62-50	The rebates in total may not annually exceed ten million dollars and shall come from the states general fund.	\$8,500,000

Agency Code	Agency Name (acronym)	Sub fund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
		39H2	Proviso 90.16	7274	Increased Enforcement Collections	Proviso 90.16 of FY 2011	These funds were appropriated in FY2010-2011 via proviso 90.16 for the agency to use for general operating. However, the funds were collected throughout the year. As such the agency carried the fund forward and are expected to expended the funds in FY2011-2012.	These funds were appropriated in FY2010-2011 via proviso 90.16 for the agency to use for general operating. However, the funds were collected throughout the year. As such the agency carried the fund forward and are expected to expended the funds in FY2011-2012.	Proviso 90.16 of FY 2011	The funds were derived from a non recurring appropriation via Proviso 90.6.	\$1,000,000
P28	PRT	4126	PRT Development Fund	0617	Admission Tax	SECTION 51-23-10 The proceeds of the Parks and Recreation Development Fund (Fund) established pursuant to Section 12 21 4200 must be allocated annually.	This sub fund is used solely for the purpose of collecting and expending funds associated with the Parks and Recreation Development Fund. The funds are derived from taxes imposed on bingo entities and are distributed by SCDOR in accordance with 12-21-4200.	Parks & Recreation Development Fund is controlled by each legislative delegation. The funds are used for planning and development for new parks and recreation facilities or renovations to existing facilities throughout the state. SCPRT administers the grant program in accordance to 51-23-20.	Sections 12-21-4200 (2) and 51-23-30	The funds are derived from taxes imposed on bingo entities and are distributed by SCDOR in accordance with 12-21-4200.	\$762,782

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number
P28

Name of Agency Contact: Yvette Sistare
Contact's Phone Number: 734-1759
Contact's E-mail Address: Ysistare@scprt.com

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P28	SC Parks, Recreation & Tourism	3035	Operating Revenue	4827 4828 4848 4850 3801 7403 7410 7411 7412 7802 7821 7825 7825 7605	\$6,504,504	\$20,720,512	31.4%	The State Park Service (SPS) operates its Central Reservation System on an 11 month rolling window. Thereby, generating a significant portion of the revenue during the closing months of the Fiscal Year. The cash balance significantly drops during the winter months. Code Section 51-1-40 requires SCPRT to use the funds generated by fees in the State Parks for park and recreational operations. In addition, \$3,155,450 of the ending cash balance was reclassified at year end as Deferred Revenue and is refundable if the customer cancels the reservations. Deferred revenue is collected in the current FY for reservations that take place next FY. Therefore, it is not recognized as earned revenue until the next FY.
2	P28	SC Parks, Recreation & Tourism	3195	Admissions Tax	0602	\$12,295	\$87,494	14.1%	SCPRT has an MOU with Commerce to reimburse SCPRT for the time associated with certifying entities applying for Tourism Infrastructure Admission Tax Act grants.
3	P28	SC Parks, Recreation & Tourism	3219	Litter Control Program	5748	\$0	\$3,280,963	0.0%	These funds are restricted for use by Code Section 14-1-208 (10). Funds are transferred to Palmetto Pride on a monthly basis.
4	P28	SC Parks, Recreation & Tourism	3383	Vacation Guide Mailing List	7810	\$355,063	\$1,048,271	33.9%	These funds are used to offset the cost of producing the vacation guide. The revenue is collected during one fiscal year however, the bulk of the expenses for producing the guide are incurred in the following year when the guide is printed and begins distribution. These funds have carry forward authority granted by Proviso 39.4.
5	P28	SC Parks, Recreation & Tourism	3526	Grants from State Agencies	7506	\$16,145	\$46,809	34.5%	Grants funds are restricted by the grantor. Generally funded are committed, however may cross years depending on work schedules.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number
P28

Name of Agency Contact: Yvette Sistare
Contact's Phone Number: 734-1759
Contact's E-mail Address: Ysistare@scprt.com

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
6	P28	SC Parks, Recreation & Tourism	3707	Motion Picture Incentive Act	0602	\$14,406,118	\$16,912,590	85.2%	The majority of these funds are committed through a grant approval process. Of the \$14,406,118 balance \$3,712,836 has been expended in FY2011-2012 for the Destination Specific Grant Programs as directed by Proviso 39.12 and \$7,548,545 has been committed to ongoing film projects, educational grants and other agency commitments. SCPRRT is using \$3.4 million per year authorized by Proviso 89.87 to cover critical agency functions due to the loss of General Fund Appropriations.
7	P28	SC Parks, Recreation & Tourism	3819	SC First in Golf	7201	\$41,125	\$39,420	104.3%	These fees are collected and distributed in accordance with Section 56-3-5200.
8	P28	SC Parks, Recreation & Tourism	39B8	Sports Development Office	7201	\$48,723	\$40,000	0.0%	These funds are collected and distributed in accordance with Section 56-3-8710 (2). The funds are used to promote sports events in the state. These funds are currently committed to be expended in FY10-11.
9	P28	SC Parks, Recreation & Tourism	3958	Sale of Assets	7853 7861 7859	\$2,885	\$20,607	14.0%	These funds are generated by the sale of equipment by B & C Surplus Property. The funds are used to purchase other equipment as needed.
10	P28	SC Parks, Recreation & Tourism	4126	PRT Development Fund	0607 6601	\$2,981,256	\$729,243	408.8%	These funds are collected throughout the fiscal year and are allocated at the beginning of the next fiscal year. Of the \$2,981,256 cash balance \$748,262 was collected in FY10-11 and are slated to be allocated by the legislative delegations during FY11-12. In addition, \$676,104 was committed in grants at June 30, 2011. Grants in this program may take 12 to 36 months to complete the work associated with these grants.

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Chris Huffman
Contact Phone Number: Phone # 803-737-0462
Contact E-mail Address: E-mail address - chuffman@sccommerce.com

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
P32	DOC	3035	Operating Revenue	2805	Fed Grant Subcontract St	Executive Order 2007-13	Labor Market Information (LMI) reimbursement from DEW	LMI-Research		Charges for Service to Department of Employment and Workforce for operations of the LMI portion of our Research Department	\$467,067
P32	DOC	3035	Operating Revenue	7201	Misc Revenue	13-1 and federal grant regulations	Record program income associated with the Community Development Block Grant (CDBG).	CDBG	Federal guidelines	Program income from CDBG grants	\$600,120
P32	DOC	3035	Operating Revenue	7803	Sale of Services	13-1	To offset the cost of providing services for the agency.	Administrative collaboration with JEDA & RSIC		Reimbursements for the cost of providing the service	\$114,956
P32	DOC	3048	State Rural Infrastructure	0404	Employer Withholdings Inc	12-10-80, 12-10-85	The purpose of the fund is to provide financial assistance to local governments, primarily the rural counties for infrastructure and other economic development activities	Coordinating Council for Economic Development (CCED)	12-10-85	The CCED shall certify to the Department of Revenue the maximum job development credit for each qualifying business. After receiving certification, the department shall remit an amount equal to the difference between the maximum job development credit and the job development credit actually claimed to the State Rural Infrastructure Fund as defined and provided in Section 12-10-85.	\$12,000,000
P32	DOC	3195	Admission Tax	0602	Admission Tax	12-21-6510	To provide for the return of a portion of the admissions tax collected back to local entities to help improve infrastructure needs of those entities.	Coordinating Council for Economic Development (CCED)	Section 12-21	Admission Tax	\$1,158,160
P32	DOC	3213	Enterprise Zone Act 1995	1726	Revitalization Agreement	12-10-100	The State Treasurer shall establish an account for these application fees which must be expended by the council only for meeting administrative, data collection, credit analysis, cost/benefits analysis, reporting, and any other obligations pursuant to this chapter.	Coordinating Council for Economic Development (CCED)	Section 12-10-100	Application fee for each qualifying business undertaking the provisions of Chapter 12-10.	\$296,650

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Chris Huffman
Contact Phone Number: Phone # 803-737-0462
Contact E-mail Address: E-mail address - chuffman@sccommerce.com

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
8	P32	DOC	3223	Export Trade Show Funds	7201	Misc Revenue	13-1	To offset the cost associated with participation in trade shows and missions	Business Services		Charges for participation in agency sponsored trade missions	\$11,875
9	P32	DOC	3526	Grants From State Agencies	4001	Alloc From St Agencies	13-1-380	To assist in the development of markets for recovered materials and products with recycled content in this State.	Business Services	Multi-year agreement with DHEC	Contractual agreement between the DOC and DHEC for recycling program	\$375,000
	P32	DOC	39H2	Increased Enforcement Collections	7274	Closing Fund	Proviso 90.16 of FY 2011	These funds will be used to recruit new jobs and new investment to South Carolina	Coordinating Council for Economic Development (CCED)	Proviso 90.16 of FY 2011	Increased Enforcement Collections	\$5,000,000
12	P32	DOC	4118	Strategic Highway Program	0505	Electric Power Tax	12-28-2915	The funds are granted to counties and municipalities for specific economic development projects that are creating new jobs in South Carolina for water and sewer infrastructure projects, road and site preparation projects, fiber optic cable, road or rail construction, land acquisition, and/or relocation of new employees for technology intensive and research and development facilities.	Coordinating Council for Economic Development (CCED)	12-28-2915	Every person, except the State, a county, a municipality, or an agency or political subdivision of it, engaged in the business of selling electric power for resale within the State is subject to the payment of an excise, license, or privilege tax	\$20,000,000

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number
P32

Name of Agency Contact: Chris Huffman
Contact's Phone Number: 803-737-0462
Contact's E-mail Address: chuffman@sccommerce.com

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P32	DOC	3035	Operating Revenue	1732 2805 6520 6720 7201 7506 7803 7810	\$1,716,601	\$2,016,298	85.1%	\$1,607,654 of the cash balance is federal CDBG program income which according to federal requirements must be expended as CDBG qualified expenditures. Any remaining balance will be used to offset the general fund reductions experienced by the Department of Commerce over the past several fiscal years.
2	P32	DOC	3048	State Rural Infrastructure	0404	\$27,758,896	\$6,067,630	457.5%	The purpose of the fund is to provide economic development grants to local governments, primarily the distressed and the least developed counties. These grants can take several years to complete and can cross several fiscal years. The Department of Commerce has a policy to only commit funds currently available and to not make any commitments against future year receipts. Once a commitment has been made to a business it is imperative that the State, to maintain its credibility with future and present business prospects, live up to its commitment. Our agency must have ample funds on hand, especially in the current environment, if we are going to be in the position to entice large capital investment and job creation in our State. \$1,000,000 of the current balance is committed for Proviso 40.9. (CMRC: Funding for I-73 & I-74) in the FY2011-12 Appropriation Act. Of the cash balance as of June 30, 2011, \$4.4 million remained available for recruiting economic development projects.
3	P32	DOC	3195	Admission Tax	0602	\$2,268,462	\$742,025	305.7%	These funds are held at the Department of Commerce and are passed back through to local entities once eligible project expenditures have occurred in their designated tourism infrastructure district. This portion of the admissions tax has been collected from designated tourism infrastructure districts and will be returned back to local entities to help improve infrastructure needs of those entities. These infrastructure projects are normally multi-year and all funds are committed to local entities.

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number
P32

Name of Agency Contact: Chris Huffman
Contact's Phone Number: 803-737-0462
Contact's E-mail Address: chuffman@sccommerce.com

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
4	P32	DOC	3213	Enterprise Zone Act 1995	1726	\$472,749	\$475,207	99.5%	These application fees are expended by the Coordinating Council for Economic Development administrative, data collection, credit analysis, cost/benefits analysis, reporting, and any other obligations. A portion of the end of year balance will be used to offset the general fund reductions experienced by the Department of Commerce over the past several fiscal years.
5	P32	DOC	3223	Export Trade Show Funds	4829	\$313	\$11,753	2.7%	Most of the funds received are from businesses and individuals attending trade missions, which will be used to cover the costs of upcoming missions.
6	P32	DOC	3526	Grants from State Agencies	4001 4829 7506 7605	\$63,562	\$360,688	17.6%	Contractual agreements and grants for recycling programs.
7	P32	DOC	3652	Closing Fund	7221	\$14,100,000	\$0	#DIV/0!	These funds will be used or are currently committed for recruiting new jobs and investment to South Carolina. The Closing Fund offers greater flexibility than other incentive funds. Once a commitment has been made to a business it is imperative that the State, to maintain its credibility with future and present business prospects, live up to its commitment. Commerce must have ample funds on hand, especially in the current environment, if we are going to be in the position to entice large capital investment and job creation in our State. The Closing Fund as of June 30, 2011 had \$266,000 remained available for recruiting economic development projects.
8	P32	DOC	3958	Sale of Assets	7859	\$3	\$5,385	0.1%	This balance will be used to purchase data processing equipment.

Agency Subfunds

Cash Balances and Disbursements

Arrange from Lowest to Highest - by Subfund Number

P32

Name of Agency Contact: Chris Huffman

Contact's Phone Number: 803-737-0462

Contact's E-mail Address: chuffman@sccommerce.com

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
P32	DOC	39H2	Increase Enforced Collections (Closing Fund)	7274	\$5,000,000	\$0	#DIV/0!	These funds will be used or are currently committed for recruiting new jobs and investment to South Carolina. The Closing Fund offers greater flexibility than other incentive funds. Once a commitment has been made to a business it is imperative that the State, to maintain its credibility with future and present business prospects, live up to its commitment. Commerce must have ample funds on hand, especially in the current environment, if we are going to be in the position to entice large capital investment and job creation in our State. The Closing Fund as of June 30, 2011 had \$266,000 remained available for recruiting economic development projects.
P32	DOC	4118	Strategic Highway Program	0505	\$78,768,373	\$18,781,020	419.4%	The funds are granted for economic development project throughout the state. Grants are limited to water and sewer infrastructure projects, road and site preparation projects, fiber optic cable, road or rail construction, land acquisition, and/or relocation of new employees for technology intensive and research and development facilities. These grants can take several years to complete and can cross several fiscal years. Once a commitment has been made to a business it is imperative that the State, to maintain its credibility with future and present business prospects, live up to its commitment. Our agency must have ample funds on hand, especially in the current environment, to be in the position to entice large capital investment and job creation in our State. Of the cash balance as of June 30, 2011, \$4.1 million remained available for recruiting economic development projects.
P32	DOC	4192	SC WTR & WWR INFRA Fund	6601	\$6,562	\$54,582	12.0%	Any remaining funds in this program will be transferred into the Closing Fund.

	Revenue Object Codes											
	Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number											
Name of Agency Contact:		Claudia Miller										
Contact Phone Number:		803-737-0284										
Contact E-mail Address:		cmiller@scjeda.com										
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	P34	JEDA	3035	Earmarked	2605	Fees & Receipts	Section 41-43-50 et. Seq.	Operating Expenses	Statewide Economic Development	Section 41-43-50	Application fees and annual fees associated with the issuance of economic development bonds	\$393,173
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	<u>Agency Subfunds</u>								
	Cash Balances and Disbursements								
	Arrange from Lowest to Highest - by Subfund Number								
						P34			
Name of Agency Contact:			Claudia Miller						
Contact's Phone Number:			803-737-0284						
Contact's E-mail Address:			cmiller@scjeda.com						
	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P34	Jobs-Economic Development Authority	3035	Earmarked; General Operating Expenses	2605	\$135,700	\$372,108	36.5%	Agency receives no appropriated funds, but is self-funded by income generated from bond issuances. Other funds are generally consumed within the year received, or the year following year, by personnel costs and other operating expenses associated with the issuance of economic development bonds. A cash balance is needed to fund start-up new year payroll and operating expenses.
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Patriots Point Dev. Auth.
Name Royce Breland
Contact Phone Number: Phone # 843-881-5967
Contact E-mail Address: E-mail rwbreland@patriotspoint.org

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
	P36	PPDA	4049		6601	Interest Earnings--Donations Restricted	Section 51-13-710 of the SC Code of Laws			Section 51-13-765 of the SC Code of Laws	Interest earned on funds deposited with the State Treasurer's Office. Funds are generated on restricted donations to the Naval & Maritime Museum.	\$10,157
1	P36	PPDA	4133	Admissions Revenue	4827	Admission-Parking Fee	Section 51-13-710 of the SC Code of Laws	To collect admission fees and parking fees to operate and maintain the Naval & Maritime Museum	Patriots Point Naval & Maritime Museum	Section 51-13-765 of the SC Code of Laws	Collect admission fees of \$16.00, \$13.00, \$8.00 and \$7.00 from museum visitors. Collect \$3.00 parking fee from all visitors.	\$2,183,509
2	P36	PPDA	4133	Admissions Revenue	6601	Interest Earnings	Section 51-13-710 of the SC Code of Laws	To collect interest earned on funds collected by the Naval & Maritime Museum.	Patriots Point Naval & Maritime Museum	Section 51-13-765 of the SC Code of Laws	Interest earned on funds deposited with the State Treasurer's Office. Funds are generated by the daily operations of the Naval & Maritime Museum.	\$60,174
3	P36	PPDA	4133	Admissions Revenue	7201	Misc Revenue	Section 51-13-710 of the SC Code of Laws	To allow the Museum to collect and deposit funds that do not fall in a specific revenue object code identified by the state.	Patriots Point Naval & Maritime Museum	Section 51-13-765 of the SC Code of Laws	Collects miscellaneous revenues form outside sources and deposits them to operate and maintain the Museum.	\$76,394
4	P36	PPDA	4133	Admissions Revenue	7403	Rent State Owned Property	Section 51-13-710 of the SC Code of Laws	To collect and retain revenue generated by the youth overnight camping and various leases the Authority has in places with outside parties.	Patriots Point Naval & Maritime Museum	Section 51-13-765 of the SC Code of Laws	Collect camping revenues from groups staying overnight onboard the USS YORKTOWN. Fees are \$60 per person for a one night stay and \$80 per person for a two night stay. Collect lease revenue from various outside parties the Authority has contracts in place with such as the golf course, hotel and marina. The amount received is based on percentages stipulated in the various leases that have been approved by the Budget & Control Board.	\$3,123,439
5	P36	PPDA	4133	Admissions Revenue	7604	General Contributions & Donations Unrestricted	Section 51-13-710 of the SC Code of Laws	To allow the Museum to collect and retain donations to the Museum.	Patriots Point Naval & Maritime Museum	Section 51-13-765 of the SC Code of Laws	Collects donations form ouside sources to help support and maintain the Museum.	\$9,660
6	P36	PPDA	4133	Admissions Revenue	7802	Sale of Goods	Section 51-13-710 of the SC Code of Laws	To collect proceeds from sales in the gift shop.	Patriots Point Naval & Maritime Museum	Section 51-13-765 of the SC Code of Laws	Collect revenue generated by merchandise sales in the Museum's gift shop. Revenue is generated from visitors to the Museum and local visitors.	\$1,641,137

[illegible]

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Patriots Point Dev. Auth.
Contact's Phone Number: Royce Breland
 843-881-5967
Contact's E-mail Address: rwbreland@patriotspoint.org

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
P36	PPDA	4133	Admissions Revenue	4827 6601 7403 7506 7604 7802 7825 8804	\$2,623,705	\$8,135,552	32.2%	Patriots Point Development Authority is an enterprise agency, we do not request or receive State Appropriated Funds. The Authority operates as a seasonal tourism business similar to those found in the private sector. Cash flow concerns are paramount, these funds are needed to cover major maintenance projects, the future development of the Museum, to operate during the off-peak fall and winter months and to cover potential short falls in operations that can occur that are beyond the control of staff such as hurricanes or mandatory evacuations for hurricanes. Section 51-13-765 of the SC Code of Laws states that the Authority may retain and carry over these funds it has on account from fiscal year to fiscal year and that all earnings and interest accrued on accounts held by the Authority must be retained and expended by the Authority to carry out its purpose and mission.
P36	PPDA	3049	Donations--Restricted	7802	\$4,178	\$0	#DIV/0!	Patriots Point Development Authority is an enterprise agency, we do not request or receive State Appropriated Funds. The Authority operates as a seasonal tourism business similar to those found in the private sector. Cash flow concerns are paramount, these funds are needed to cover major maintenance projects, the future development of the Museum, to operate during the off-peak fall and winter months and to cover potential short falls in operations that can occur that are beyond the control of staff such as hurricanes or mandatory evacuations for hurricanes. Section 51-13-765 of the SC Code of Laws states that the Authority may retain and carry over these funds it has on account from fiscal year to fiscal year and that all earnings and interest accrued on accounts held by the Authority must be retained and expended by the Authority to carry out its purpose and mission.

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	Revenue Object Codes											
	Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number											
Name of Agency Contact:			Name	Marvin N. Davant, Director, SC Conservation Bank (P40)								
Contact Phone Number:			Phone #	(803) 734-3986 or (803) 734-0360								
Contact E-mail Address:			E-mail	davantm@dnr.sc.gov								
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	P40	SCCB	3891	Conservation Bank Earmarked Funds	7274	NR Operating Transfer	FY 2010 Proviso 90.19	Funds used for committed awards for conservation easements to qualified entities.	Administration of grants & easements	Section 48-59-60 of the SC Code of Laws	Funds are transferred to SCCB by speicfc proviso authority from other agencies	
2	P40	SCCB	42C3	Conservation Bank Operating Funds	0604	State deed recording fee	Proviso 90.16 of Act 414 of FY 2009 (Rescission Act)	Revenue received by SCCB directed to be transferred to Dept of Ed.	To be used by Dept of Education for school bus fuel	N/A	The SCCB receives \$.25 of each \$1.30 of the State deed recording fee. The funds are transferred to the SCCB from DOR monthly. Upon receipt of funds they were transferred to the DOE as directed by Proviso 90.16 of Act 414, FY 2008-09 (Rescission Act)..	\$0
3	P40	SCCB	42C3	Conservation Bank Operating Funds	7221	Misc. Transfers	Proviso 89.97 of FY 2011	Funds are used to cover the day-to-day operating costs	To cover SCCB's operating costs	None	Funds were transferred to SCCB by speicfc proviso authority from other agencies. But transferring agency failed to remit at the appropriate time and \$207,050 was credited to the wrong fiscal year.	
4	P40	SCCB	42C3	Conservation Bank Operating Funds	7605	General Contributions & Donations	S.C. Code Anno.12-6-5060	Revenue received by SCCB from DOR for State Tax Check-off contributions	Funds to be used by SCCB for grants and easements	Section 48-59-60 of the SC Code of Laws	Funds were transferred to SCCB by DOR from designated contributions on SC I-330 to use for grants and easements.	\$9,076
5	P40	SCCB	42C3	Conservation Bank Operating Funds	7815	Sale of Listings	SC Code Anno. § 30-4-30(b)	Revenue received by SCCB for FOIA requests	Funds received for research and copies related to FOIA requests	Section 48-59-60 of the SC Code of Laws	The SCCB received a FOIA request on a specific grant transaction. Research and copies were done to provide the information to the requestor and fee charged as established by the FOIA Act.	\$30
6	P40	SCCB	45D7	Conservation Bank Trust	0604	State deed recording fee	SC Code Anno. § 12-24-95	Transfer of revenue to the SCCB to be used to award conservation easements to qualified entities throughout the State	Awarding funds for conservation easements to improve the quality of life in SC through the conservation of significant natural resource lands, wetlands, historical properties, and archeological sites	Section 48-59-60 of the SC Code of Laws	The SCCB receives \$.25 of each \$1.30 of the State deed recording fee. The funds are transferred to the SCCB from DOR monthly and as funds are available the qualified entities must meet their due diligence to receive the funds. Once due diligence is received, the funds are then awarded to the qualified entities.	\$0

	Revenue Object Codes											
	Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number											
Name of Agency Contact:			Name	Marvin N. Davant, Director, SC Conservation Bank (P40)								
Contact Phone Number:			Phone #	(803) 734-3986 or (803) 734-0360								
Contact E-mail Address:			E-mail	davantm@dnr.sc.gov								
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
7	P40	SCCB	45D7	Conservation Bank Trust	6601	Interest earned on Trust Account	SC Code Anno. § 12-24-95	These funds are utilized to pay for the operating costs (salary, utilities, etc) of the SCCB	To cover SCCB's operating costs	Section 48-59-60 of the SC Code of Laws	The SCCB receives interest on the State Deed Recording fee which is designated to be utilized to cover the operating costs (salaries, utilities, postage/printing, etc).	\$15,185
8	P40	SCCB	45D7	Conservation Bank Trust	7221	Miscellaneous Transfer--Other Funds	Proviso 89.145 of FY 2011	These funds are to be used to fulfill the contractual agreements of prior conservation easement commitments made by the agency	Conservation Easement Trust Fund	None	Funds transferred to the SCCB by specific proviso authority. Funds were used to honor commitments for approved grants and easements.	\$1,500,000

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number
P40

Name of Agency Contact: Marvin N. Davant, Director, SC Conservation Bank (P40)
Contact's Phone Number: 803-734-3986 or 803-734-0360
Contact's E-mail Address: davantm@dnr.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	P40	SCCB	45D7	Conservation Bank Trust	604, 6601,7221	\$611,279	\$1,040,780	1.0%	Due to the poor economy,the normal revenue stream from the Documentary Stamp Tax had ceased. Over the past two years transfers of Other Funds from LLR and the State Treasurer have sustained operations and allowed only the minimum of commitments to be paid. Donations and Interest earnings also continued to be received.
2	P40	SCCB	42C3	Conservation Bank Operating	604, 7605, 7815, 7221	\$76,560	\$187,128	40.9%	Due to recent budget reductions, operations have been severely curtailed. The staff works to provide service primarily to those "prior commitments" and has budget authority only for that minimal level of operations and contracts. Meanwhile donations and interest earnings continue to accumulate without the necessary budget authority to expend those funds on needed operating supplies. The balance is greater than 16.5% because future funding has not been assured and if operations are to continue, in order to meet the agency's prior commitments, funds need to be sequestered.
3	P40	SCCB	3891	Proviso 90.19 of FY 2010	7221	\$0	\$293,000	0.0%	The SCCB received \$2,000,000 in accordance with Proviso 90.19 of FY 2009 - 2010 to apply to previously committed awards to qualified entities. The qualified entity must meet due diligence requirements before the funds are made available to them. Most of the \$2M was paid out in FY 2010, but a portion of the commitments carried over into FY 2011 because all due diligence requirements had not been met. Once due diligence was met, the funds were released to the qualified entity.
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Vivian B. Dowdy
Contact Phone Number: Phone # 803-896-5205
Contact E-mail Address: E-mail vivian.dowdy@psc.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1 R04	PSC	3035	Operating Revenue	4701	PSC Assessment Tax	58-3-100	To collect expenses borne by the PSC	Operating expenses for the agency		The Department of Revenue must assess each public utility, railway company, household goods carrier, and hazardous waste for disposal carrier its proportion of the expenses in proportion to its gross income from operation in this State in the year ending on June 30th. The assessments must be charged against the companies by the Department of Revenue and collected by the department in the manner provided by law for the collection of taxes.	\$4,197,977

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Vivian B. Dowdy
Contact's Phone Number: 803-896-5205
Contact's E-mail Address: vivian.dowdy @psc.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R04	PSC	3035	Operating Revenue	4701, 4822, 5743, 5749,	\$4,699,572	\$4,018,856	116.9%	The Commission needs to retain a substantially greater percentage of operating funds in its account to cover shortfalls because it is an other-funded agency. Unlike General Fund revenues, according to S.C. Code Ann. Section 58-3-100, these funds have been collected for the express purpose of supporting the Commission. The Commission's carry forward account consists of surplus assessments paid by regulated utilities. Because assessments are collected on a going forward basis, the Commission could experience a severe shortfall in the event that one or more of the jurisdictional utilities becomes insolvent, or is otherwise not able to pay its assessments. The Commission is also relying on its carry forward fund in order to cover unplanned expenditures for the present fiscal year. The Commission anticipates a \$170,000 shortfall during FY 2011-2012. The Commission has agreed to fund a joint technology project with the Office of Regulatory Staff which will cost \$30,250 annually.
2	R04	PSC	3958	Sale of Assets	7859	\$35,842	\$0	#DIV/0!	

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Marty Rawls
Contact Phone Number: 737-0837
Contact E-mail Address: mdrawls@regstaff.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	R06	ORS	3035	Operating Revenue	1666	Class C License Decal Fee	Title 58	To collect decal fees from motor vehicle carriers for the cost of enforcement.	Motor Vehicle Carrier Regulation & Enforcement	Title 58	Initial Decal Fees for new carriers and semi annual renewal of Motor Vehicle Carrier license decals (January and July). Fee is based on weight of vehicle and class certificate. Fee is paid by regulated motor carriers (taxicabs, buses, limos, emergency vehicles services).	\$144,531
2	R06	ORS	3035	Operating Revenue	3801	Refund Prior Year Expenditure		To deposit funds received into the correct Fiscal Year.	General agency operating costs	Title 58	Funds are received for repayment of expenditures that cross Fiscal Years. These fees could be repayments from vendors and/or employees (cellular phone charges).	\$132
3	R06	ORS	3035	Operating Revenue	4701	Assessment	Title 58	To collect assessments from regulated public utilities for operating expenses	General agency operating costs	Title 58	Annual assessment of regulated public utility companies through the Department of Revenue. Assessments are based on Gross Receipts reported to the agency by the regulated utilities and therefore the assessments change every year. Assessments are paid by regulated public utilities operating in South Carolina (SC).	\$6,121,250
4	R06	ORS	3035	Operating Revenue	4822	Photocopy Fee	\$30-4-3(b)	To collect reimbursement of copying fees for FOIA requests.	Reimbursement of expenses accounted for in agency operating costs	Title 58	FOIA requesters are invoiced for the costs of retrieval (i.e. search/time) and providing copies of information.	\$205
5	R06	ORS	3035	Operating Revenue	5701	Court Fine	Title 58	To collect fines levied on Household Good and Hazardous Waste statute violators.	Motor Vehicle Carrier Regulation & Enforcement	Title 58	Household Goods Carriers and Hazardous Waste Carriers who violate §58.23.80. These fines are received by county courts and remitted to the ORS.	\$19,786
6	R06	ORS	4129	Dual Party Relay Service Operations	4537	Dual Party Relay System	Title 58	To collect assessments for monthly access lines from telecommunications carriers for the purchase and distribution of telecommunications equipment for the hearing and speech impaired and closed captioning	Dual Party Relay which includes Telephone Relay System	Title 58	Monthly assessment for contributions to the Dual Party Fund. Assessment is \$.15 per access line monthly based on the number of lines reported monthly. Assessments are paid by all regulated telecommunications carriers operating in SC.	\$3,140,636

7	R06	ORS	4129	Dual Party Relay Service Operations	6601	Investment Earnings	Title 58	To collect Interest earned on Dual Party Funds	Dual Party Relay which includes Telephone Relay System, purchase and distribution of telecommunications equipment for the hearing and speech impaired and closed captioning	Title 58	Monthly interest is earned in the State Treasurer's Office (STO) accounts. Rate is based on negotiated STO rate. Interest is paid by bank.	\$52,238
8	R06	ORS	34S9	ARRA Contracts - SVC	2805	Fed Grant Subcontract State		To receive funds for a contract entered into with the State Energy Office who was awarded a Federal Grant.	Enhancing State Government Energy Assurance Capabilities and Planning for Smart Grid Resiliency	Contract ends September, 2012	All funds are received from the State Energy Office who was awarded the Federal Grant.	\$42,894
9	R06	ORS	34S9	ARRA Contracts - SVC	2806	Fed Grant Subcontract Other		To receive funds for a contract entered into with the PSC who was awarded the ARRA Department of Energy Federal Grant.	State Electricity Regulators Assistance Grant under the American Recovery and Reinvestment Act of 2009	Contract ended December 31, 2011	All funds are received from the Public Service Commission who was awarded the Federal Grant.	\$127,500

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Marty Rawls
Contact's Phone Number: 737-0837
Contact's E-mail Address: mdrawls@regstaff.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R06	ORS	3035	Operating Revenue	1666, 4701, 5701, 4822	\$3,586,018	\$6,320,585	56.7%	The Public Utilities Review Committee (PURC), who oversees the Office of Regulatory Staff, has developed a plan for using these carry-forward funds over the next three years to offset operating costs. In lieu of an increased assessment for the public utilities, the PURC has implemented a plan to use these funds to satisfy the requirements of the Act for the projected period.
2	R06	ORS	3459	ARRA - Contracts	2805, 2806	\$29,795	\$152,520	19.5%	The ORS is a subcontractee for a Federal Grant Award.
3	R06	ORS	4129	Dual Party Relay	4537, 6601	\$923,349	\$3,850,400	24.0%	Funding for Dual Party programs is provided by an assessment to retail, end-user business and residential land-line telephone customers. While the overall program budgets have not increased substantially, the land line customer base is shrinking causing the funding for necessary programs to shrink. ORS has committed to maintaining the assessment to consumers at \$0.15/line and will use the carry-forward to off-set declining fund revenue. The revenue decline is due to the migration to wireless and Internet Protocol communications technology. ORS projects this carry forward will be absorbed within two years. These carry forward funds will be used to continue funding close captioning for the General Assembly, close captioning throughout SC as well as programs to assist the speech and hearing impaired.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Diana Gantt
Contact Phone Number: (803) 737-5676
Contact E-mail Address: dgantt@wcc.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R08	SCWCC	3035	Operating Revenue	4829	Training Conference	Proviso 58.2	All revenue earned from educational seminars shall be retained by the agency to be used for the printing of educational materials and other expenses related to conducting the seminar.	Administration	Proviso 58.2	The Commission conducts training conference concerning all aspects of workers' compensation administration, regulations and laws. The registration fee is paid by attorneys, paralegals, and adjusters participating in the training conference.	\$8,020
R08	SCWCC	3035	Operating Revenue	7810	Sale of Publications and Brochures	Proviso 58.1	All revenue earned from the sale of the commission's publication Medical Services Provider Manual shall be retained by the agency to be used for the printing and distribution of subsequent revised editions of the schedule.	Insurance and Medical Department	Proviso 58.1	The Commission sells its medical fee schedule to physicians and surgeons for a fee of \$63.00.	\$21,964
R08	SCWCC	3844	Penalties Fines and Fees	4527	Workers' Compensation Award Review Fee	S.C. Code of Laws 42-17-50	The fee charged under this statute is equal to the fee charged in circuit court for filing a summons and complaint. It is used to defray the cost of receiving, processing and scheduling the appellant's application and for the Commission to review the appeal.	General operating expenses for the Judicial and Commissioners functions within the agency	S.C. Code of Laws 42-17-50	A fee of \$150.00 is charged by the Commission for review of cases by the Full Commission. The appellants pay the fee.	\$75,000

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Diana Gantt
Contact Phone Number: (803) 737-5676
Contact E-mail Address: dgantt@wcc.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
4	R08	SCWCC	3844	Penalties Fines and Fees	4822	Sale of Photocopies	S.C. Code of Law 30-4-30 The public body may establish and collect fees not to exceed the actual cost of searching for or making copies of records. Fees charged by a public body must be uniform for copies of the same record or document.	General Operating expenses for the agency as a whole	S.C. Code of Law 30-4-30	The cost for receiving information from a Commission file is a minimum charge of \$20.00 per request. Copies in excess of more than twenty per request will be charged at the rate of \$0.50 per copy.	\$93,958
5	R08	SCWCC	3844	Penalties Fines and Fees	5717	Workers' Compensation Filing Violation Fee	SC Code of Laws 42-19-30 The fines assessed and collected provided by this statute ensures employers and insurance carriers file the required forms, records and reports for the proper handling and adjudication of the claim.	General Operating expenses for the agency as a whole	SC Code of Laws 42-19-30	When a person fails to report information that is requested by the Commission and required by law, the Commission has the authority to levy fines against the violator. In addition, the Commission may also fine self-insurers for late filing of the self-insurer tax form. The amount of the fine will vary according to the type of violation.	\$2,036,697
6	R08	SCWCC	3844	Penalties Fines and Fees	7815	Sale of Listings & Labels	S.C. Code of Law 30-4-30 The public body may establish and collect fees not to exceed the actual cost of searching for or making copies of records. Fees charged by a public body must be uniform for copies of the same record or document.	General Operating expenses for the agency as a whole	S.C. Code of Laws 30-4-30	The Commission sells updated listing of attorneys (name, addresses and firms) to insurance carriers and attorneys. Also, the coverage and compliance department sells updated listings of self-insurers. There is a \$20.00 run fee and a \$6.00 diskette fee if the information requested is needed in that format.	\$41,550

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Diana Gantt
Contact Phone Number: (803) 737-5676
Contact E-mail Address: dgantt@wcc.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
7 R08	SCWCC	3844	Penalties Fines and Fees	4541	Workers' Compensation Hearing Fee	Proviso 58.3	The filing fees for each requested hearing, settlement or motion is used for the handling and processing of the request for proper and timely adjudication of the claim.	General Operating expenses for the agency as a whole	S.C. Code of Laws 42-17-50	Each requested hearing, settlement or motion is charged a \$25 fee. If the Commission determines the individual is indigent, the fee must be waived.	\$549,080

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Diana Gantt
Contact's Phone Number: (803) 737-5676
Contact's E-mail Address: dgantt@wcc.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R08	SCWCC	3035	Operating Revenue	4829 7810	\$184,206	\$5,276	3491.6%	The carry forward funds are necessary because in FY 2009-10 the Commission adopted a practice to analyze, revise, update and publish the physicians and hospital fee schedules annually. This will require additional expenditures to ensure the documents are produced and published in a timely and effective manner. New manuals and fee schedules will require training of the end users. Additionally, the Commission's continuous improvement efforts entail the development and implementation electronic data imaging and access by the users. The new processes and procedures will require more training of staff and external users to ensure successfull and increased efficiency and effectiveness of the system.
2	R08	SCWCC	3634	Capital Reserve Fund		\$9,931	\$44,830	22.2%	This is capital reserve money that was appropriated to the Commission 2006. The carry forward money will be used to refresh the server and purchase computers more than five years old that connect to the agency's database system.
3	R08	SCWCC	3844	Penalties Fines & Fees	4527 4822 5717 7815 4541	\$2,595,216	\$2,968,621	87.4%	Carry forward funds in these accounts can be attributed to the Commission's increasing the assessments and fines in FY 09-10 as authorized by Section 42-3-105 and the increased efforts by staff to enforce compliance of the statutuues and regulations. Along with expenditure reductions, the funds have been used to absorb the reductions in the General Appropriations for the last two fical years. The carry forward funds will continue to be used for that purpose as well as implementing new electronic data imaging, storage and access, and implementing new electronic workflow processes and procedures to reduce recurring expenditures in wages and benefits.

	Revenue Object Codes											
	Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number											
Name of Agency Contact:			Gerald Murphy									
Contact Phone Number:			(803) 896-5870									
Contact E-mail Address:			gmurphy@saf.sc.gov									
	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	R12	State Accident	3233	WORKERS' COMP FUND-ADMIN	7220	Workers Compensation Fund Administration Transfer	SECTION 42-7-10 of the S. C. Code of Laws.	Provides funds for administration of the State Accident Fund	Workers Compensation Insurance	The agency does not receive Genral Funds. The funds carried forward do not increase the agency's budget authorization.	These funds are tranferred from the Workers Compensation Trust Fund. It consists of annual premium charges, recoveries from the Second Injury Fund, recoveries by subrogation and income or revenue derived from investing these funds.	\$4,750,000
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Gerald Murphy
Contact's Phone Number: (803) 896-5870
Contact's E-mail Address: gmurphy@saf.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R12	State Accident Fund	3233	WORKERS' COMP FUND- ADMIN	7220	\$18,155	\$4,719,642	0.4%	None
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(Note: A SCEIS posting error, that was corrected retroactively after the end of the FY, created a negative balance. The agency had and continues to maintain a positive cash balance.)

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Terry Coston
Contact Phone Number: 803-896-5291
Contact E-mail Address: terry.coston@pcf.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	R14	SCPCF	4035	Restricted Fund	4850	Operating Revenue	38-79-410	To fund and facilitate the operations of the PCF	Administration	N/A	Revenue of the PCF is generated by Membership fees of licensed healthcare provider.	\$1,014,578
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Terry Coston
Contact's Phone Number: 803-896-5291
Contact's E-mail Address: terry.coston@pcf.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R14	SC Patients' Compensation Fund	4035	Operating Revenue	4850	\$168,343	\$977,625	17.2%	This agency's carry forward does not exceed 16.5%.
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Mike Harris
Contact Phone Number: (803)798-2722 x130
Contact E-mail Address: mharris@sif.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	R16	Second Injury Fund	4799	Second Injury Fund Admin	7222	Second Injury Fund Admin Fee Transfer	Section 42-7-310 of the SC Code of Laws	To fund the admin function of the Second Injury Fund	Second Injury Fund	None	Funds in the amount approved in the annual Appropriations Act are transferred into subfund 4799 from the Second Injury Fund trust fund (sub fund 4260) Funds available are from collection of the Second Injury Fund assessment.	\$1,775,126
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Mike Harris
Contact's Phone Number: (803)798-2722 x130
Contact's E-mail Address: mharris@sif.sc.gov

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.	
1	R16	Second Injury Fund	4799	Second Injury Fund Admin	7222	\$167,856	\$1,646,846	10.2%	We do not carry forward any funds into the new year. All funds remaining at the end of the fiscal year are transferred back to the Second Injury Fund trust fund. We have no authority to carry funds into the new year.
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3							#DIV/0!		

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Danny Edens
Contact Phone Number: 737-6141
Contact E-mail Address: dedens@doi.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R20	DOI	3035	Operating Revenue	1619	Insurance License	§38-43-80 (A)(C)	Implementing and administering individual insurance agent license requirements.	Licensing/Solvency	§38-43-80 (A)(C) Proviso 62.2, Proviso 62.3	\$25 Initial Producer License Fee and \$25 Biennial Producer License Renewal Fee, paid by insurance producers (ie Agents). \$250 Late Fee for Biennial Appointment Renewals, paid by insurance carriers to reinstate an appointment (ie the official designationof an agent's authority to act on behalf of/represent the insurer) that has lapsed due to the insurer's nonrenewal. See § 38-43-80 and Proviso 62.3	\$3,858,943
R20	DOI	3035	Operating Revenue	4802	Insurance Fee	§38-13-20 (D) §15-9-270	Offsets a portion of the cost of service of litigation against insurance companies. Recoup the cost of company examinations.	Licensing/Solvency	§15-9-270 Proviso 62.2	\$5 Service of Process fee. (The fee is \$10, \$5 of which is retained by DOI while the remaining \$5 is paid into the General Fund of the State.) Paid by party initiating lawsuit. Companies examined by DOI staff are billed for services rendered. Actual examination costs paid by insurers to reimburse DOI for the expense of the examination (including expenses of retaining outside professionals.)	\$1,330,854
R20	DOI	3035	Operating Revenue	4850	Miscellaneous Fee	§38-43-105(E); §38-43-106 (C)(G); Regulation 69-50 (IV)(A)(6),(V)(A)(3), (VI)(A); Bulletin 1992-02(D); Bulletin 2002-01(V)(VI); §38-43-80(C)	Allows the Department to cover the costs of administering the agents continuing education program. Allows the Department to upgrade the administration of licensing requirements.	Licensing/Solvency	§38-43-105(E); §38-43-106 (C)(G); Regulation 69-50 (IV)(A)(6),(V)(A)(3), (VI)(A); Bulletin 1992-02(D); Bulletin 2002-01(V)(VI); §38-43-80(C) Proviso 62.2	Continuing Education \$100; Proctor Fee \$100; Instructor Fee \$100; Paid by insurance companies. Certificate of Compliance \$3; Letters of Certification \$3. Cost is paid by agents. Sales of Listings and Labels paid by DOI customers.	\$335,746
R20	DOI	3035	Operating Revenue	7208	Exam Travel Reimb	§38-13-20(D)	Allows the Department to obtain reimbursement for travel incurred during the examination of an insurance company.	Licensing/Solvency	§38-13-20(D) Proviso 62.2	Actual cost for DOI examiners paid by the company being examined.	\$133,267

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Danny Edens
Contact Phone Number: 737-6141
Contact E-mail Address: dedens@doi.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R20	DOI	3457	Hurricane Damage Mitigation	7221	Misc Transfer - Other Funds	§38-75-485	Provide funding for the Hurricane Mitigation program created in June, 2007.	Hurricane Mitigation/SC Safe Homes	§38-75-485	AKA the SC Safe Home Program, which was created by the Omnibus Coastal Property Insurance Reform Act of 2007. Revenues include all insurance premium taxes collected from the SC Wind & Hail Underwriting Association and 1% of all other insurance premium tax collections. See § 38-75-485(C)(4). These revenues are used to support the SC Safe Home Program and to provide mitigation grants to coastal homeowners.	\$2,756,314
R20	DOI	36B5	Captive Ins Reg & Supervision	609	Annual Insurance Tax	§38-90-175	Supports the cost of regulating captive insurance companies.	Captives	§38-90-175	Regular Captives: \$200 Application fee; \$300 initial license fee; \$500 annual renewal paid by captives companies. SPFC: \$200 Application Fee; \$300 initial license fee; \$500 annual renewal paid by the SPFC.	\$177,500
R20	DOI	36B5	Captive Ins Reg & Supervision	640	Insurance Premium Tax	§38-90-175; §38-90-140	Supports the cost of regulating captive insurance companies.	Captives	§38-90-175	<u>Premium Taxes</u> : 20% of the annual insurance premium taxes collected from captive insurers (the remaining 80% of revenues are deposited into the General Fund). See §38-90-175(A).	\$860,500
R20	DOI	36B5	Captive Ins Reg & Supervision	4802	Insurance Fee	§38-90-175; §38-90-80	Allows the Department reimbursement for the cost of examinations.	Captives	§38-90-175	<u>Captive Insurance Company Licensing</u> : \$200 Application Processing Fee, \$300 Initial License Fee, and \$500 Annual License Renewal Fee, paid by captive insurance companies. Captive insurance companies must also reimburse DOI for expenses of examining and investigating the application for licensure (including expenses of retaining outside professionals). See § 38-90-20(D). <u>Special Purpose Financial Captive (SPFC) Licensing</u> : \$200 Application Processing Fee, \$300 Initial License Fee, \$500 Annual License Renewal Fee, and \$2,400 Annual Review Fee (or, if higher, the actual costs of the review), paid by SPFCs. SPFCs must also reimburse DOI for expenses of examining and investigating the application for licensure (including expenses of retaining outside professionals). See § 38-90-440(G). <u>Examinations</u> : Actual Examination Costs, paid by captive insurance companies and SPFCs to reimburse DOI for the expenses of the examination (including expenses of retaining outside professionals). See § 38-13-20.	\$1,357,870
R20	DOI	4327	Uninsured Motorists Fund - Admin	7221	Misc Transfer - Other Funds	§56-10-510; §56-10-550; §56-10-552; §38-77-151; §38-77-154	See §38-77-151. Enforce provisions of Title 38 and perform certain consumer services with regards to auto insurance.	Uninsured Motorists	§38-77-151	10% of the Uninsured Motorists Fund (Subfund 4553) revenues. DOI is required to utilize these funds to enforce the provisions of Title 38, provide for a public awareness campaign, and to publish an automobile insurance buyer's guide and a brochure comparing auto insurance premiums. Paid by DMV customers. See § 38-77-151.	\$184,998

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Danny Edens
Contact Phone Number: 737-6141
Contact E-mail Address: dedens@doj.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
10	R20	DOI	4553	Uninsured Motorists Fund - Admin	7221	Misc Transfer - Other Funds	§56-10-510; §56-10-550; §56-10-552; §38-77-151; §38-77-154; §38-77-155.	Reduce the cost of uninsured motorists premiums for SC drivers	Uninsured Motorists	§38-77-151	A portion of two fees charged pursuant to Section 56-10-510 make up the revenues for this subfund: (1) \$550 paid by DMV customers registering an Uninsured Motor Vehicle and (2) 50% of the \$300 reinstatement fee paid by DMV customers. These revenues are then allocated as follows: (1) 90% goes to this subfund and (2) 10% is allocated to Subfund 4327 as detailed in that subfund's description above. These funds are transferred from DMV to DOI on a monthly basis. DOI pays an allocation from this subfund to the State's auto insurers. See § 38-77-151, § 38-77-155, § 56-10-510, § 56-10-550, and § 56-10-552.	\$1,850,231
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Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Danny Edens
Contact's Phone Number: 737-6141
Contact's E-mail Address: dedens@doi.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R20	DOI	3035	Operating Revenue	1619 4802 4850 7208 7221 7815 7820 7854	\$3,202,947	\$4,986,158	64.2%	Funds are used to operate the Licensing and Solvency departments of DOI. DOI collects numerous fees/fines with multiple due dates and some are biennial in nature. This leads to large variances in revenues requiring a large year end cash balance. Revenue from Proviso 62.3 was first recorded in FY 10.
2	R20	DOI	3098	Donations	7605	\$34,362	\$59,988	57.3%	Donation by the SC Wind and Hail Association. Donation used to fund 1 FTE in Hurricane Mitigation Program.
3	R20	DOI	3457	Hurricane Damage Mitigation	7221	\$5,625,673	\$2,322,828	242.2%	Program was created by H3820 at the end of FY 07. Program did not begin awarding grants until December of 07. All revenues are transferred into this subfund at the end of the fiscal year so there will always be a large year end cash balance. Revenues are used to support the Mitigation Grants unit and provide grants to South Carolina homeowners.
4	R20	DOI	3554	Recoupment Fund	7221	\$0	\$0	#DIV/0!	Funding provided by DMV and the total cash balance is forwarded to the SC Reinsurance Facility each quarter. See §56-10-554. Reinsurance Facility terminated 12/31/09.
5	R20	DOI	36B5	Captives Insurance Regulation and Supervision	0609 0640 4802 4850 7208 7221	\$1,168,421	\$2,296,848	50.9%	Funds are used to operate the Captives Insurance unit. Large cash balance needed to carry unit until February when all captives fees and taxes are received.
0	R20	DOI	3634	Capital Reserve Fund Operating	7221	\$49,255	\$124,393	39.6%	Funding for an Electronic Document Imaging project received at the end of FY 07. Project began early phases in FY 08 and is ongoing. Balance of funds will be expended by the end of FY 12.
7	R20	DOI	4327	Uninsured Motorist Fund - Administration	6601 7221	\$190,431	\$112,696	169.0%	Funds provided by DMV for Administrative purposes in accordance with §38-77-151. Statute requires these funds be used to enforce the provisions of Title 38, publish a consumers automobile insurance buyer's guide, a brochure comparing automobile insurance premiums and to provide for a public awareness campaign.
8	R20	DOI	4553	Uninsured Motorist Fund	6601 7221	\$2,236,415	\$997,728	224.2%	Funds are distributed annually to auto insurers operating in SC in accordance with §38-77-155. Funding provided by DMV.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Karen L. Wicker
Contact Phone Number: 734-9871
Contact E-mail Address: karen.wicker@sto.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R23	Board of Financial Institutions	3035	Operating Revenue	1620	Finance Co License	Sections 37-3-503 and 34-29-30 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain application/licensing fee revenue to be used to implement provisions of Title 34 and Title 37 (restricted and supervised lenders).	Consumer Finance	Sections 37-3-503 and 34-29-30 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Licensing fees charged to restricted and supervised lenders. \$200 License Application Fee; \$450 Annual Renewal License Fee.	\$621,900
R23	Board of Financial Institutions	3035	Operating Revenue	1655	Mortgage Lenders Lic Fee	Section 37-22-140 and 37-22-150 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain licensing fee revenue to be used to implement provisions of Title 37, Chapter 22 (Mortgage Lending Law).	Consumer Finance	Section 37-22-250 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Licensing fees charged to mortgage lenders. \$1,000 License Fee \$800 Renewal Fee	\$303,800
R23	Board of Financial Institutions	3035	Operating Revenue	1684	Def Pres/ Ck Cashing Serv App Fee	Section 34-39-150c and 34-41-40c of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain application fee revenue to be used to implement provisions of Title 34, Chapters 39 and 41 (Deferred Presentment & Check Cashing Services Law).	Consumer Finance	Section 34-39-150c and 34-41-40c of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Application fees charged to deferred presentment and check cashing companies. \$1,000 Deferred Presentment Application Fee \$250 Check Cashing Application Fee	\$10,750
R23	Board of Financial Institutions	3035	Operating Revenue	1685	Def Pres/Ck Cash Serv Lic Fee	Section34-39-150d and 34-41-40d of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain licensing fee revenue to be used to implement provisions of Title 34, Chapters 39 and 41 (Deferred Presentment & Check Cashing Services Law).	Consumer Finance	Section34-39-150d and 34-41-40d of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Licensing fees charged to deferred presentment and check cashing companies. \$1,000 Deferred Presentment Annual License Renewal Fee for first branch; \$250 annual fee for each additional branch. \$250 Check Cashing Annual License Renewal Fee for first branch; \$50 annual fee for each additional branch.	\$199,700

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Karen L. Wicker
Contact Phone Number: 734-9871
Contact E-mail Address: karen.wicker@sto.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R23	Board of Financial Institutions	3035	Operating Revenue	1740	Mortgage Lenders Branch Lic Fee	Section 37-22-140 and 37-22-150 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain licensing fee revenue to be used to implement provisions of Title 37, Chapter 22 (Mortgage Lending Law).	Consumer Finance	Section 37-22-250 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Licensing fees charged to mortgage lender branches. \$150 Licensing Fee	\$76,350
R23	Board of Financial Institutions	3035	Operating Revenue	1741	Mortgage Loan Originator Lic Fee	Section 37-22-140 and 37-22-150 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain licensing fee revenue to be used to implement provisions of Title 37, Chapter 22 (Mortgage Lending Law).	Consumer Finance	Section 37-22-250 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Licensing fees charged to mortgage loan originators. \$50 Licensing Fee	\$102,400
R23	Board of Financial Institutions	3035	Operating Revenue	4801	Financial Institutions Examining Fee	Section 34-3-320 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	To allow agency to be reimbursed for supervisory costs which, together with fees collected by the Consumer Finance Division, will fully cover the total funds expended by the agency	Bank Examining Division	Sections 34-3-320 and 34-26-270 of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	State chartered banks, savings and loan associations, credit unions, trust companies, and development corporations are assessed annually for reimbursement of supervisory costs. These assessments are adjusted each year based on the division's appropriation and excess carry-forward which is credited to the financial institutions.	\$1,763,676
R23	Board of Financial Institutions	3035	Operating Revenue	4805	Fin Co Investigation & Re-exam Fee	Section 34-29-30 and 37-3-503 of the Code of Laws of South Carolina; Regulation 15-60d of the Board of Financial Institutions; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain investigation/re-examination fee revenue to be used to implement provisions of Title 34 and Title 37 (restricted and supervised lenders).	Consumer Finance	Section 34-29-30 and 37-3-503 of the Code of Laws of South Carolina; Regulation 15-60d of the Board of Financial Institutions; Proviso 63.1 of FY 2011-2012 Appropriation Act	Investigation and re-examination fees charged to restricted and supervised lenders. \$100 new applicant investigation fee; \$50 re-examination fee.	\$12,400

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Karen L. Wicker
Contact Phone Number: 734-9871
Contact E-mail Address: karen.wicker@sto.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R23	Board of Financial Institutions	3035	Operating Revenue	4881	Def Pres/Ck Cashing Serv Inv Fee	Sections 34-41-40c and 34-39-150c of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain investigation fee revenue to be used to implement provisions of Title 34, Chapters 39 and 41 (Deferred Presentment & Check Cashing Services Law).	Consumer Finance	Sections 34-41-40c and 34-39-150c of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Investigation fees charged to deferred presentment and check cashing companies. \$500 new applicant investigation fee.	\$18,500
R23	Board of Financial Institutions	3035	Operating Revenue	4882	Def Pres/Ck Cashing Serv Exam Fee	Sections 34-41-70c and 34-39-190b of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Allow agency to collect and retain examination fee revenue to be used to implement provisions of Title 34, Chapters 39 and 41 (Deferred Presentment & Check Cashing Services Law).	Consumer Finance	Sections 34-41-70c and 34-39-190b of the Code of Laws of South Carolina; Proviso 63.1 of FY 2011-2012 Appropriation Act	Examination fees charged to deferred presentment and check cashing companies. \$150 annual examination fee.	\$78,900

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Karen L. Wicker
Contact's Phone Number: 734-9871
Contact's E-mail Address: karen.wicker@sto.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R23	Board of Financial Institutions	3035	Operating Revenue	1620 1655 1684 1685 1740 1741 4801 4805 4847 4881 4882 5734 5763 7815 7859	\$1,893,917	\$2,953,838	64.1%	The Board of Financial Institutions operates totally on other funds generated by fee collections. Supervisory fees from banks, savings and loan associations, and credit unions are collected at the end of the first quarter and in the second quarter of the fiscal year, and fees from supervised and restricted lenders are collected in the third quarter. Carry forward funds are needed to cover operating expenditures during this period. Without the carry forward, the agency would not have the funds necessary to operate. Excess funds are refunded to the regulated institutions by reducing the next year's fees. If the agency were not allowed to refund fees, it would represent a significant increase to the regulated institutions.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Celeste Brown
Contact Phone Number: Phone # 734-4264
Contact E-mail Address: E-mail cbrown@scconsumer.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	R28	SCDCA	3035	Pawnbroker Fees	1653							\$58,950
2	R28	SCDCA	3035	OPERATING REVENUE	1654	Mortgage Broker Fees	Section 40-58-10 et. Seq. of the S.C. Code of Laws. (Act 544 of 1999, Act 172 of 1993, Act 430 of 1996 and Act 33 of 1998)	To Collect and Retain revenue / fees to implement provision of Chapter 50 - "Regulation of Mortgage Brokers"	Legal Division: Regulation of Mortgage Loan Brokers	Section 40-58-110, Section 40-58-50	\$550 Annual License Application Fee. Those seeking licensing pay an application fee, initial filers also pay an additional \$200. There is a late penalty of \$250 if application submitted within thirty days of expiration.	\$106,250
3	R28	SCDCA	3035	OPERATING REVENUE	1663	Continuing Care Retirement Facility Fees	Section 37-11-10 et. Seq.	To Collect and Retain revenue / fees to implement provision of Chapter 11, Title 37 "Licensing and Regulation of Continuing Care Retirement Communities (CCRC)"	Advocacy Division	Section 37-11-137	CCRC's pay an annual license fee of \$2,000. Fees are used to cover the cost of regulation.	\$73,250
4	R28	SCDCA	3035	OPERATING REVENUE	1686	Prepaid Legal Services Fees	Section 37-16-10 et. Seq., 2000 ACT # 328	To allow the Department to collect and retain licensing fees to offset the cost of administering and enforcing Section 37, Chapter 16, "Regulation of Prepaid Legal Services".	Legal Division: Regulation of Prepaid Legal Services	Section 37-16-30, Section 37-16-40	Representatives of Prepaid Legal Services companies pay an annual license fee of \$40 annually. The license provides the right to sell prepaid legal services to the public. Prepaid Legal Services companies pay an annual license fee of \$800.	\$113,320
5	R28	SCDCA	3035	OPERATING REVENUE	1736	Mortgage originator license fee	Section 40-58-10 et. Seq.	To Collect and Retain revenue / fees to implement provision of Chapter 50 - "Regulation of Mortgage Brokers"	Legal Division: Regulation of Mortgage Loan Brokers	Section 40-58-110, Section 40-58-50	Mortgage loan originators pay a license fee of \$50 per year.	\$40,100

Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Celeste Brown
Contact Phone Number: Phone # 734-4264
Contact E-mail Address: E-mail cbrown@scconsumer.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
6	R28	SCDCA	3035	OPERATING REVENUE	4806	Credit Grantor Notification Fee	Section 37-6-202, 37-6-204	To collect and retain revenue / fees to cover the cost of regulating registered creditors.	Administrative Division - regulation of registered creditors	Section 37-6-203	Credit Grantors and rent to own businesses file and pay an annual notification fee of \$120 per location.	\$538,431
7	R28	SCDCA	3035	OPERATING REVENUE	4844	Preneed Funeral contract fee	Section 32-7-10et. Seq. & 40-19-290(E) Act #188 of 2004	To collect and retain revenue / fees to cover the cost of regulating the sale of Preneed Funeral Contracts.	Legal Division: Regulation of Mortgage Loan Brokers	Section 32-7-50(c)(2)	Funeral Homes that sell Preneed Funeral Contracts to the general public are required to submit a copy of each contract sold to the Department (SCDCA) along with a fee of \$20. \$15 of each fee is used to cover the cost of regulation and \$5 of the fee is allocated to a trust account known as the Loss Reimbursement Account.	\$104,475
8	R28	SCDCA	3035	OPERATING REVENUE	4852	Maximum Rate Schedule filing fee	Section 37-2-305, Section 37-3-305	To collect and retain revenue / fees to cover the cost of regulating registered creditors.	Administrative Division - regulation of registered creditors	Section 37-2-305, & Section 37-3-305	Credit Grantors (lenders and credit sellers) that intend to impose an annual finance charge in excess of 18% must file a maximum rate schedule and pay an annual fee of \$40 per location.	\$159,951
9	R28	SCDCA	3035	OPERATING REVENUE	4876	Professional Employer Organization (PEO) Fees	Section 40-68-10 through 40-68-180 et. Seg., 1993 Act # 169	To Collect and Retain revenue / fees to implement provision of Chapter 68, title 40 "Regulation of Professional Employer Organizations"	Advocacy Division: Regulation of PEO's	Section 40-68-170	Professional Employer Organizations (PEO's) pay a biennial license fee of \$1,500. Group PEO'S pay a biennial license fee of \$3,000	\$162,150
10	R28	SCDCA	3810	Violations of the South Carolina Consumer Protection Code (SCCPC)	7201	Miscellaneous Revenue		To allow the Department to collect and retain funds paid to the Department in settlement of cases involving violations of the SCCPC and other statutes enforced by the Department. To help offset the cost of investigating, prosecuting, and the administrative cost associated with these violations.	Legal Division: Investigation and Enforcement.		Persons violating the SCCPC pay fines and penalties as ordered by a Court of Law or through Departmental regulations.	\$242,629

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Celeste Brown
Contact's Phone Number: 734-4264
Contact's E-mail Address: cbrown@scconsumer.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R28	SCDCA	3035	Operating Revenue	1641,1654,1663,1670,1686,1688,1730,1736,1737,1738,4806,4844,4850,4852,4869,4876	\$31,073	\$1,538,513	2.0%	There were 35 FTE's currently funded by the licensing fees collected and deposited to the Operating Revenue Account. All licensing fees do not renew at the same time, they vary throughout the year with most collected in October, January & March. This requires that cash be available to cover payroll cost and operating expenses for the 1st & 4th quarters of the fiscal period. This means several months of the new fiscal year may pass before funds are received. Therefore, it is necessary to carry sufficient balances forward each year to cover the programs' operational cost until funds are received.
2	R28	SCDCA	3148	Consumer Awareness	7506,7604,7605	\$12,065	\$6,222	193.9%	These funds represent contributions and donations from the general public which are donated for specific purposes and should not be deemed revenue but donations for consumer awareness programs.
3	R28	SCDCA	3810	Violations of the South Carolina Consumer Protection Code (SCCPC)	7201	\$90,382	\$171,719	52.6%	These funds represent collections from fines and penalties from persons or businesses for violations of the SCCPC. They are collected sporadically and are therefore difficult to budget for or estimate the amount of revenue that will be collected. We tend to expend these funds as a last resort for special investigations, travel and the administrative cost of prosecuting violators of the SCCPC. They do, however, supplement operating expenses when they are available. Therefore, they should not be deemed revenue, but more like miscellaneous fines and penalties. They are also used to pay operating expenses during the 1st and 4th quarters of the fiscal period when cash flows from operating revenues are at a low point.

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R36	LLR	3035	Operating Revenue	0611	Fire Insurance Inspection Tax	38-5-1250	Revenue received from 38-7-30 is used for the expenses of the Division of Fire and Life Safety, except for \$175,000 which is used to training, certification and continueing education programs for building codes enforcement officers as directed in 38-7-35.	Office of the State Fire Marshal State Fire Academy Building Codes Council	38-5-1250	Tax on fire insurance premiums	\$5,069,873
R36	LLR	3035	Operating Revenue	0621	Fire Academy Bond Tax	38-7-30	Capital improvemets and support at the State Fire Academy, implementation of the Firefighter Employment and Registration Act as established in Chapter 80 of Title 40 of the 1976 Code, regional service delivery of public firefighter education and training, fire prevention services and public fire safety education.	Office of State Fire Marshal State Fire Academy	38-7-30	Tax on fire insurance premiums	\$3,359,048
R36	LLR	3035	Operating Revenue	1715	Elevator Fees	41-16-140	Allows the Office of Elevators and Amusement Rides to recover costs associated with the inspection and permitting of elevators.	Office of Elevators and Amusement Rides	41-16-140	Fee charged for the inspection and/or permitting of an elevator. Fee is paid for by owners of elevators.	\$905,242

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
4	R36	LLR	3035	Operating Revenue	1801	Professional & Occupational License	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Building Codes; Boiler Safety; Manufactured Housing	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$142,785
5	R36	LLR	3035	Operating Revenue	2803	Fee-Federal Agencies	40-1-50	Allows the Manufactured Housing Program to cover the cost of operations.	Manufactured Housing	40-1-50	Feed received from HUD for the inspection and certification of Manufactured Housing Units	\$166,807
6	R36	LLR	3035	Operating Revenue	4829	Training Conference Registration Fee	Proviso 65.1	Allows the Fire Academy to charge participants a fee to cover the cost of education, training programs and operation of the Fire Academy site.	State Fire Academy	Proviso 65.1	Fee charged to class participants.	\$1,518,190

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
7	R36	LLR	3035	Operating Revenue	4850	Miscellaneous Fee	40-1-50	Fees from this object code are used to fund the cost of on-line renewals. Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fee charged to licensees for using credit cards.	\$197,850
8	R36	LLR	3035	Operating Revenue	7201	Misc. Revenue	40-1-50, Proviso 65.1	Allows the Boiler Safety Program to cover the cost of operations. Allows the Fire Academy to charge participants a fee to cover the cost of education, training programs and operation of the Fire Academy site. Boiler Safety, Fire Academy	40-1-50, Proviso 65.1	Fees charged for the registration of Boilers and Boiler Inspectors. Misc. Revenue earned from copying, sales of t-shirts and patches at State Fire Academy	\$314,663

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
9	R36	LLR	3035	Operating Revenue	7802	Sale of Goods	Proviso 65.1	Allows the Fire Academy to charge participants a fee to cover the cost of education, training programs and operation of the Fire Academy site.	State Fire Academy	Proviso 65.1	Fee charged for meals, t-shirts, dorm rooms to class participants or site visitors.	\$171,948
10	R36	LLR	3035	Operating Revenue	7803	Sale of Services		Allows the Office of the State Fire Marshal to recover costs associated with the inspection of group and foster homes to ensure their compliance with national and state-adopted fire safety codes and standards	Office of State Fire Marshall	0	Charge for the inspection of group and foster homes paid by the DSS and DDSN.	\$281,595
11	R36	LLR	3135	Liquid Petro Gass Fee	1608	Liquid Petroleum Gas Fee	Title 40, Chapter 82	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Office of State Fire Marshal	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$216,000
12	R36	LLR	3135	Landscape Architects License	1805	Landscape Architect License	Title 40, Chapter 28	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Landscape Architects	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$163,845

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
13 R36	LLR	3135	POLA Revenue	1627	Professional & Occupational Shop	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$543,645

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
14 R36	LLR	3135	POLA Revenue	1801	Professional & Occupational Renewal License	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term		Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$17,770,709

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
15 R36	LLR	3135	POLA Revenue	1802	Apprentice License	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$370,789

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
16 R36	LLR	3135	POLA Revenue	1812	Professional & Occupational License Fee	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$1,211,600

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
17 R36	LLR	3135	POLA Revenue	4513	Professional & Occupational Examination Fee	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$142,810

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
18 R36	LLR	3135	POLA Revenue	4816	Professional & Occupational Examination, Application and/or License Fee	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$1,593,723

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
19 R36	LLR	3135	POLA Revenue	4824	Professional & Occupational Application Fee	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$335,630

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
20 R36	LLR	3135	POLA Revenue	5732	Professional & Occupational Violation Fine	40-1-110,40-1-180	Fees from this object code are used to fund the cost of investigations and hearings of Professional and Occupational Licensing Programs.	Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-110,40-1-180	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$462,865

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Barbara Derrick
Contact Phone Number: Phone # 896-4315
Contact E-mail Address: E-mail derrickb@llr.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
21	R36	LLR	3135	POLA Revenue	7201	Miscellaneous Revenue	40-1-50	Fees from this object code are used to fund the cost of daily operations of Professional and Occupational Licensing Programs. Board of Accountancy Board of Architectural Examiners Athletic Commission Auctioneers Commission Board of Barber Examiners Boilers Safety Program Building Codes Council S.C. Perpetual Care Cemetery Board Board of Chiropractic Examiners Board of Contractors Board of Cosmetology Board of Dentistry Panel for Dietetics Board of Engineers & Land Surveyors Board of Environmental Certification Board of Registration for Foresters Board of Funeral Service Board of Registration for Geologists Board of Long Term	40-1-50	Fees charged to licensees for initial licensure, applications, renewals, shop licenses, etc. Fee schedule attached.	\$397,666

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Barbara Derrick
Contact's Phone Number: 896-4315
Contact's E-mail Address: derrickb@llr.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-10 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R36	LLR	3035	Operating Revenue	0611 0621 1627 1662 1681 1714 1715 1719 1721 1801 1802 1812 2803 3801 4513 4816 4824 4829 4847 4850 4864 5731 7201 7401 7403 7407 7409 7802 7803 7810 7815	\$6,098,862	\$12,155,430	50.2%	The funds received by the Fire Academy Bond Tax (\$2,091,185) and the last quarter payment of the Fire Ins. Premium Tax (997,562) are not received until FM12 or FM13, therefore the agency does not have time to expend the funds prior to year-end. Funds are also collected for training classes, services provided and licensees and are needed for the upkeep and operation of the Fire Academy site.
2	R36	LLR	3098	Donations	7605	\$132	\$800	16.5%	The Firefighter Memorial did not need repairs or upgrades this past fiscal year, but funds in this account were donated specifically for that purposed and will be utilized when the need arises.
3	R36	LLR	3135	POLA Revenue	1601 1608 1627 1629 2350 1662 1721 1801 1802 3801 1812 4513 4802 4816 4824 4846 4847 4850 5731 5732 7201 7221 7810 7812 7815 7820 7853	\$19,600,772	\$21,032,482	93.2%	Revenue is collected in advance to fund the daily operations of the POL boards in total. If funds are not carried forward, the POL boards would not have monies to pay salaries, fringe, travel, contractual services, supplies, fixed charges and equipment expenditures throughout the year. In addition, the majority of POL boards now collect revenue on a biennial basis, meaning they collect revenue in advance for a two year period. PLEASE NOTE: BY PROVISIO, THE AGENCY IS ALSO FUNDING THE OSHA, IMMIGRATION AND USAR (URBAN SEARCH AND RESCUE) PROGRAMS OUT OF THESE FUNDS.
4	R36	LLR	3173	Education and Research Fund	1801	\$532,586	\$38,300	1390.6%	LLR does not need to carry-forward these funds and has offered them to the General Assembly to offset the budget deficit in the past.

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Trish Blake
Contact Phone Number: Phone # 896-3844
Contact E-mail Address: E-mail Trish.Blake@scdmv.net

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R40	DMV	3198	Motor Carrier-Other Operating	1677	Interstate Motor Carrier	Sections 56-3-662 and 56-3-663 of the SC Code of Laws	To collect and retain motor carrier registration fees	Motor Carrier Department of Vehicle Services Division	Proviso 66.2	Unified Carrier Registration Fees-DMV keeps 42.5% of 1st 2.4M, remaining revenue then is split 50/50 (with DPS).	\$1,161,779
R40	DMV	3264	DMV Operating	1644	Motor Vehicle License	Many Sections of Title 56, Chapter 3, to include: 56-3-355, 56-3-1290, 56-3-8000, 56-3-8100, 56-19-420, 56-19-520, 56-1-550, 56-1-170, 56-1-200, 56-1-2080, and 12-37-2740 of the SC Code of Laws, and Special Plate Statutes	To collect license fees and retain fees where applicable and transfer fees where required	Motor Carrier Services, Customer Service Centers, Customer Service Delivery, Driver Services, Vehicle Services, Technology and Product Development, and Administration	Proviso 66.2	PRISM Reinstatement Fees, Transfer Plate Fees, Special Plate Cost Recovery, New Titles, Mobile Home De-titling, Duplicate Titles, Expedited Titles/Fees, Route Restricted D/L, Duplicate D/L, \$50 DL/Reg. Reinstatement, CDL Skills Test	\$18,097,144
R40	DMV	3264	DMV Operating	4893	Administrative Fees	56-1-395	To collect and retain fees as described by law.	Motor Carrier Services, Customer Service Centers, Customer Service Delivery, Driver Services, Vehicle Services, Technology and Product Development, and Administration	Proviso 66.2	Administrative Fee derived from customers who participate in the Agency's Payment Plan	\$160,230
R40	DMV	3264	DMV Operating	5739	Returned Items LRA	Section 34-11-70	Collection of previous Dishonored Checks	Motor Carrier Services, Customer Service Centers, Customer Service Delivery, Driver Services, Vehicle Services, Technology and Product Development, and Administration	Proviso 66.2	Payments from Customers on previous Dishonored (NSF) Checks	\$318,704

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Trish Blake
Contact Phone Number: Phone # 896-3844
Contact E-mail Address: E-mail Trish.Blake@scdmv.net

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R40	DMV	3264	DMV Operating	5740	Penalties-Forfeitures	Section 56-1-390 of the SC Code of Laws	To collect and distribute reinstatement fees	Customer Service Centers, Customer Service Delivery, Driver Services, Vehicle Services, Technology and Product Development, and Administration	Proviso 66.2	\$100 DL Suspension Reinstatement	\$9,163,914
R40	DMV	3264	DMV Operating	7815	Sale of Listings & Labels	Section 56-3-530 of the SC Code of Laws	To collect and retain sale of listings fees	Driver Services, and Vehicle Services	Proviso 66.2	Sales of Information(Vehicles, Drivers, Accidents)	\$13,886,896
R40	DMV	3346	IFTA Operating	3902	Other Reimbursement-St Agencies	Section 56-11-500 of the SC Code of Laws	To collect for tax, penalties and interest for the State Highway Fund, retain amount for program administration and remit remaining collections to State Highway Fund	Motor Carrier, IFTA - IRP Audit, and IFTA Administration Costs	Proviso 66.2	IFTA Reimbursement, State Agencies	\$595,048
R40	DMV	35C6	Plate Replacement Fee	1644	Motor Vehicle License	Section 56-3-1230 of the SC Code of Laws	To collect and retain the plate replacement fees	Plate Replacement	Section 56-3-1230 of the SC Code of Laws	\$2 Plate Replacement Fund	\$3,421,317
R40	DMV	3537	DUI-In-Car Video Camera	1644	Motor Vehicle License	Section 56-1-286 of the SC Code of Laws	To suspend driver's licenses of individuals under the age of 21 caught driving under the influence.	Driver Services	Proviso 66.2	Temporary Alcohol DL/DUI In Car Video	\$395,575
R40	DMV	3595	Uninsured Motorist Fees &	1680	Financial Responsibility	Sections 56-10-240, and 56-10-245 of the SC Code of Laws	To collect fees for uninsured motorist	Customer Service Centers, Customer Service Delivery, and Driver Services	Proviso 66.2	UM Reinstatement Fee - \$200 (License), \$5/day \$200 cap (Insurance)	\$19,256,473
R40	DMV	3805	Miscellaneous Revenue	4850	Miscellaneous Revenue	Section 34-11-70	To collect fees for dishonored payments	Administration	Proviso 66.2	FOIA Request and NSF Check Fees	\$93,481

Revenue Object Codes

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Name of Agency Contact: Name Trish Blake
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Contact E-mail Address: E-mail Trish.Blake@scdmv.net

Agency Code		Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
12	R40	DMV	41C5	Uninsured Enforcement FD-	1680	Financial Responsibility	38-73-470	To record receipt of the uninsured motorist premium	Driver Services - Financial Responsibility Department, Customer Service Centers, Technology and Product Development	Section 38-73-470 of the SC Code of Laws	UM Fund/\$2 Policy	\$5,308,156

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Trish Blake
Contact's Phone Number: 896-3844
Contact's E-mail Address: Trish.Blake@scdmv.net

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R40	DMV	3198	Motor Carrier-Other Oper	1618, 1677, 3801	\$767,290	\$535,722	143.2%	In fiscal year 2011, 50.5% of this subfund's revenue stream was collected between March and June. Due to DMV's self-generating revenue base and cyclic tendencies within this subfund, significant cash must be carried-forward to cover mission critical personnel and operational expenditures.
2	R40	DMV	3264	DMV Operating	1644, 3801, 3806, 4703, 4850, 4893, 5739, 5740, 7201, 7211, 7270, 7815	\$5,672,158	\$40,190,843	14.1%	Carry-forward cash is required in this subfund because DMV is revenue based; we receive no State Appropriations. Before new fiscal year revenues are generated and reconciled, this revenue is used to cover mission critical personnel and operational expenditures through the first two months of the fiscal year.
3	R40	DMV	3346	IFTA Operating	1644, 3801, 3902	\$150,956	\$788,707	19.1%	DMV administers the IFTA program for the State of South Carolina. Funds to cover the administration of this program are transferred monthly to DMV from the SC DOT. DMV retains these carry-forward funds to cover the first two months of personnel and operating expenses.
4	R40	DMV	35C6	Plate Replacement Fee	1644, 3801, 7270	\$2,463,412	\$2,267,485	108.6%	The agency's Plate Replacement Fee subfund carry-forward is dictated by section of law 56-3-1230 which states, "A new license plate including personalized and special plates, but excluding license plates provided in Sections 56-3-660 and 56-3-670, must be provided by the department at intervals the department considers appropriate, but at least every six years." However, during the past two fiscal years legislation has instituted proviso 66.10 which states, "Notwithstanding the provisions of Section 56-3-1230 of the 1976 Code, beginning July 1, 2011, the Department of Motor Vehicles is authorized to alter the replacement interval of vehicle license plates from at least every six years to at least every twelve years as the department considers appropriate."

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Trish Blake
Contact's Phone Number: 896-3844
Contact's E-mail Address: Trish.Blake@scdmv.net

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
R40	DMV	3537	DUI-In-Car Video Camera	1644	\$93,178	\$792,763	11.8%	Carry-forward cash is required in this subfund because DMV is revenue based; we receive no State Appropriations. Before new fiscal year revenues are generated and reconciled, this revenue is used to cover mission critical personnel and operational expenditures through the first two months of the fiscal year.
R40	DMV	3595	Uninsured Motorist Fees &	1680, 3801, 3806	\$1,709,977	\$18,852,098	9.1%	Carry-forward cash is required in this subfund because DMV is revenue based; we receive no State Appropriations. Before new fiscal year revenues are generated and reconciled, this revenue is used to cover mission critical personnel and operational expenditures through the first two months of the fiscal year.
R40	DMV	3805	Miscellaneous Revenue	4850, 5739, 7201	\$58,871	\$119,085	49.4%	Carry-forward cash is required in this subfund because DMV is revenue based; we receive no State Appropriations. Before new fiscal year revenues are generated and reconciled, this revenue is used to cover mission critical personnel and operational expenditures through the first two months of the fiscal year.
R40	DMV	3958	Sale of Assets	7820, 7853	\$73,761	\$0	0.0%	These funds are used for significant asset purchases once a sufficient amount has accumulated in this account. Currently, DMV has plans to invest these funds into physical security for credentials and field office ADA requirements.
R40	DMV	41C5	Uninsured Enforcement FD-D	1680, 3801, 6601	\$221,680	\$5,416,981	4.1%	Carry-forward cash is required in this subfund because DMV is revenue based; we receive no State Appropriations. Before new fiscal year revenues are generated and reconciled, this revenue is used to cover mission critical personnel and operational expenditures through the first two months of the fiscal year.
R40	DMV	43D2	G/S DUI DMV Auto Fee	3801, 5753, 6601, 7211	\$16,887	\$42,028	40.2%	Carry-forward cash is required in this subfund because DMV is revenue based; we receive no State Appropriations. Before new fiscal year revenues are generated and reconciled, this revenue is used to cover mission critical personnel and operational expenditures through the first two months of the fiscal year.

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Sub fund by Number

Name of Agency Contact: Name KEVIN DAILEY
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Contact E-mail Address: E-mail daileyk@sctax.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Sub fund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R44	Department of Revenue	3035	Operating Revenue	1644	Motor Vehicle License	SC Code §12-37-2860(B)	To record DOR portion/receipt of a one-time fee on motor carriers. Collected by Dept of Motor Vehicles then transferred to DOR.	General operating expenses of the agency as a whole.	SC Code §12-37-2860(B) authorizes DOR to retain the fee, but no specific carry forward provision included.	A one-time fee payable to the Department of Motor Vehicles in the amount of \$87.00 is due on all semi trailers and trailers currently registered and subsequently on each semi trailer and trailer before being placed in service. \$12.00 dollars of the one-time fee distributed to DOR to be retained by DOR to record and administer the fee.	\$114,534
R44	Department of Revenue	3035	Operating Revenue	1726	Revitalization Agreement Application Fees	SC Code §12-10-95 (I); SC Code 12-10-100(B).	To record JDC/revitalization renewal fees transferred from Department of Commerce.	General operating expenses of the agency as a whole.	No specific carry forward provision.	An annual renewal fee of \$500 to be shared equally with DOR for administrative, data collection, reporting, and other obligations of the Chapter. And, an application fee, of that amount, \$500.00 shared with DOR. The coordinating council shall also establish an annual renewal fee of \$500.00 to be shared with DOR.	\$135,850
R44	Department of Revenue	3035	Operating Revenue	3902	Other Reimbursements-- State agencies	Memorandum of Understanding between SCDOR/SCBOS and participating SCBOS agencies. SCBOS allocates to participating agencies a	To record receipt of reimbursements and/or other allocations from SCBOS project.	General operating expenses of the agency as a whole.	No specific carry forward provision.	The SCBOS program allocates a monthly reimbursement to participating SCBOS agencies, per memo of understanding between SCBOS agencies and the SCBOS executive committee. Or DOR will bill anotehr State agency for agreeen upon reimbnrsement of costs.	\$63,024
R44	Department of Revenue	3035	Operating Revenue	4841	DOR Cost Recovery Fee	SC code §12-4-390(A)	To record fees collected to recover the cost of production, purchase, handling and mailing of documents, publications, records and data sets. Alos installment payment agreements with taxpayers	General operating expenses of the agency as a whole.	SC code §12-4-390(A)	Fees are paid by taxpayers at the time copies, data sets, etc, are requested, or at the time a taxpayer enters into an agreement with DOR.	\$875,874
R44	Department of Revenue	3035	Operating Revenue	4888	Job Development Credit (JDC) Annual Fee	SC Code §12-10-105	To record an annual fee remitted by qualifying businesses to be used to reimburse DOR for costs incurred auditing reports required per Section 12-10-80(A).	JDC Audits specifically; then the general operating expenses of the agency as a whole.	SC Code §12-10-105 authorizes DOR to receive the fee, but no specific carry forward provision is included.	In addition to the application fee provided in Section 12-10-100, an additional annual fee of \$1,000 must be remitted by those qualifying businesses claiming in excess of \$10,000 of job development credits or in excess of \$10,000 in job retraining credits in one calendar year. The fee is due for each project that is subject to a revitalization/retraining agreement that exceeds \$10,000 in one calendar year and must be remitted to DOR to reimburse DOR for costs incurred auditing reports required pursuant to Section 12-10-80(A).	\$78,045

Revenue Object Codes

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Name of Agency Contact: Name **KEVIN DAILEY**
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Sub fund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
R44	Department of Revenue	3035	Operating Revenue	7221	Misc Transfer-- Other Fund	Various--include SC Code §4-10-90(B); SC Code SC Code §58-3-100;SC Code §44-56-480(G);	To record DOR cost reimbursements for administration, collection and enforcement of various taxes.	General operating expenses of the agency as a whole.	The various code sections authorize DOR to retain and expend the fee's, but no specific carry forward provision(s) included.	DOR cost reimbursement is transferred from collections of the various taxes.	\$6,903,181
R44	Department of Revenue	3035	Operating Revenue	7803	Sale of Services	SC Code §12-56-60(B); SC Code §12-4-580(B)	To record agency fee from the collection of a delinquent debt through income tax refund setoff.	General operating expenses of the agency as a whole.	SC Code §12-56-60(B); SC Code §12-4-580(B) both authorize DOR to retain the fee, but no specific carry forward provision included.	\$25 received on each individual income tax refund that is matched to pay delinquent tax debt. Fee withheld from refund amount. And DOR charges a reasonable fee for a collection effort made on behalf of a governmental entity. Fee withheld from the collection of outstanding debt.	\$9,459,804
R44	Department of Revenue	3114	Interest Cost-- General Fund	7221	Misc Transfer -- Other Fund	Per procedures established between State Comptroller Generals' Office and the Office of the State Auditor, to comply with GAAP.	To record the general fund portion of interest paid (interest expense) on tax refunds.	No programs are supported by this transfer of revenue. This amount used only to 'reverse' the initial payment of interest paid on tax refunds.	No carry forward provision.	Transfer from general fund tax revenue to an earmarked sub fund to properly record interest expense on tax refunds, in compliance with GAAP. Procedural change for FY11. This entry will be recorded on year-emd reporting package and not at agency level.	\$0
R44	Department of Revenue	3139	Bingo Revenue-- Administration	0617	Admission Tax-- Bingo	SC Code §12-4-390(B)	To record transfer from general fund bingo tax revenue to fund the actual costs of bingo audit activity.	Bingo tax administration and undercover bingo audit activity.	No carry forward of these fees. An amount equal to actual expenses is transferred.	DOR withholds/transfers from the general fund bingo revenue stream the actual costs incurred for undercover bingo audit activity.	\$593,948
R44	Department of Revenue	3186	Expert Witness Expense	0404	Employer Withholding Tax	SC Code §12-4-330(D)	To record the transfer from income tax revenue amounts needed to pay the expenses of obtaining expert witnesses or other evidence.	DOR Office of General Counsel. To obtain expert witnesses or other evidence for proceedings.	No carry forward of these fees. An amount equal to actual expenses is transferred.	DOR withholds from the general fund individual income/withholding revenue stream the actual costs incurred relevant to obtaining expert witnesses of other evidence for use in an administrative or judicial proceeding.	\$100,000
R44	Department of Revenue	3606	SC Business One-Stop Project	7221	Misc Transfer-- Other Fund	SC Code §12-55-70	To record the proceeds of a collection assistance fee applied to debt and used to fund the South Carolina Business One Stop (SCBOS) program.	SC Business One-Stop (SCBOS) Project specifically.	SC Code §12-55-70 and Proviso 81.14 authorize DOR to retain the fee, but no specific carry forward provision included.	A 20% collection assistance fee is applied to certain overdue tax debts. The collection assistance fee, when the delinquent debt is paid by the taxpayer, is retained by DOR.	\$2,404,314
R44	Department of Revenue	3811	DOR Data Warehouse	7221	Misc Transfer-- Other Fund	SC Code §12-4-393	To record receipt of reimbursement of costs associated with the administration of the proviso.	General operating expenses of the agency as a whole.	SC Code § 12-4-393 authorizes DOR to retain the fee, but no specific carry forward provision included.	Reimbursement of costs of administration of the warehouse is made from the data warehouse generated collections.	\$2,852,851

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: **KEVIN DAILEY**
Contact's Phone Number: **803.898.5413**
Contact's E-mail Address: daileyk@sctax.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R44	DEPT OF REVENUE	3035	Operating Revenue	1644; 1726; 3902; 4841; 4888; 7221; 7803	\$3,270,074	\$15,246,215	21.4%	The possibility exists that DOR would carry forward a balance greater than 1/6 of the disbursements from the sub fund. However, that possibility is diminishing greatly as a result of general fund base reductions. DOR is relying more on these 'other' funds to help off-set general fund reductions.
2	R44	DEPT OF REVENUE	3114	Interest Cost--General Fund	7221	\$0	\$0	#DIV/0!	N/A. Revenue transferred to this sub fund is used only to 'reverse' interest paid on tax refunds. There should not ever be a cash balance to carry forward.
3	R44	DEPT OF REVENUE	3139	Bingo Revenue--Administration	0617	\$125,800	\$468,148	26.9%	DOR will not typically carry forward a cash balance in this subfund. Only the amount of cash required to fund authorized expenditures is transferred into this sub fund from the tax revenue stream.
4	R44	DEPT OF REVENUE	3167	Tax Education Program	4829	\$4,942	\$5,901	83.7%	It is the intent that the registration fees collected per SC Code §12-4-388 will cover the related direct costs. Should be no real need to carry forward a balance greater than 1/6 of disbursements.
5	R44	DEPT OF REVENUE	3186	Expert Witness Expense	0404	\$59,976	\$40,023	149.9%	DOR will not typically carry forward a cash balance in this subfund. Only the amount of cash required to fund the authorized expenditures is transferred into this sub fund from the tax revenue stream.
6	R44	DEPT OF REVENUE	3468	Confiscated Cash--Court Order	No activity for several years. Balance has carried forward.	\$0	\$0	#DIV/0!	No expenditures are currently planned from this fund, and, at this time, we do not expect to receive any additional funds under the current proviso, 81.2. Therefore, we will continue to carry this balance of cash forward with no related expenditures.
	R44	DEPT OF REVENUE	3510	Special Tribal Sales Tax	0202	\$473,497	\$0	#DIV/0!	None. This is a state-wide tax revenue collection account, not an account that the agency can retain and expend the funds.
7	R44	DEPT OF REVENUE	3606	SC Business One-Stop Project	7221	\$498,949	\$2,563,614	19.5%	SC Code §12-55-70 authorizes DOR to collect, retain and expend fees. If the agency was to carry forward a cash balance greater than 1/6 of the expenditures, the cash would be needed for future technology infrastructure improvements and contractual services for the continuing SCBOS project. We do not expect large carry forward balances in this sub fund in the future .

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: KEVIN DAILEY
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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
	R44	DEPT OF REVENUE	3806	Nursing Home Franchise Fee	1733	\$24,840	\$0	#DIV/0!	None. This is a state-wide tax revenue collection account, not an account that the agency can retain and expend the funds.
8	R44	DEPT OF REVENUE	3811	DOR Data Warehouse	7221	\$12,892	\$2,839,960	0.5%	SC Code §12-4-393 authorizes DOR to retain and expend the reimbursement of costs associated with the administration of the Warehouse.
9	R44	DEPT OF REVENUE	3958	Sale of Assets	7854; 7861	\$9,689	\$0	#DIV/0!	At this time, DOR has no authority to expend from this subfund. There are no planned expenditures from this subfund.
10	R44	DEPT OF REVENUE	3985	Forest Renewal Fund	4853; 7221	\$24,353	\$0	#DIV/0!	None. This is a state-wide tax revenue collection account, not an account that the agency can retain and expend the funds.
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Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Ami R. Franklin
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	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	R520	State Ethics Commission	3035	Operating Revenue	1660	Lobbyist Registration Fee	8-13-325	To collect and retain revenue/fees collected from Lobbyist and Lobbyist's Principal Registrations to enforce the Ethics, Government Accountability, and Campaign Reform Act of 1991.	Administration	8-13-150	Sections 2-17-20 & 2-17-25 provide that all Lobbyists and Lobbyist's Principals are required to register with the State Ethics Commission and pay a fee of \$100 per registration per calendar year.	\$156,600
2		State Ethics Commission	3035	Operating Revenue	4829	Training Conf. Registration Fee	8-13-120	To collect and retain revenue/fees to offset the cost of providing training and education programs related to the Ethics, Government Accountability, and Campaign Reform Act of 1991.	Administration	8-13-120	Section 8-13-120 provides that the State Ethics Commission may charge a ten dollar fee to partially offset the cost of providing ethics education and training programs. These training programs are available to anyone. These fees are reimbursements of costs to the agency and there is no carry forward.	\$406
3	R520	State Ethics Commission	3035	Operating Revenue	5734	Late Filing Penalty	8-13-325	To collect and retain revenue/fees collected from late filing penalties to enforce the Ethics, Government Accountability, and Campaign Reform Act of 1991.	Administration	8-13-140	Penalties are levied against filers of Statements of Economic Interests Forms, Campaign Disclosure Forms, Lobbyist and Lobbyist's Principals when the designated forms are not filed by the required deadlines. Penalties are collected through the agency and through the SC Dept. of Revenue through the Setoff Debt & GEAR programs. Penalties begin at \$100 per form up to a maximum of \$5000 per form.	\$121,960
4	R520	State Ethics Commission	3035	Operating Revenue	5772	Enforcement Fees	8-13-130	To collect and retain enforcement fees generated through the Ethics Act. The fee is a reimbursement to the commission for costs associated with an investigation & hearing of a violation.	Administration	8-13-130	Section 8-13-130 provides that the State Ethics Commission may levy an enforcement or administrative fee on a person who is found in violation, or who admits to a violation of the "Ethics, Government Accountability and Campaign Reform Act of 1991". The amounts vary with each case. These fees are reimbursements of costs to the agency and there is no carry forward.	\$2,135

Revenue Object Codes

Arrange from Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
5	R520	State Ethics Commission	3035	Operating Revenue	7811	Sale of Documents	8-13-320(5)	To collect and retain fees for copying reports which are available to the public	Administration		Revenue is generated by requests from the general public/media for copies of any public record retained by the State Ethics Commission. Charges are \$.50 per page requested. These fees are reimbursements of costs to the agency and there is no carry forward.	\$1,152

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Ami R. Franklin
Contact's Phone Number: 803-253-4192
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		Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1		R52	State Ethics Commission	3035	Earmarked Funds	3035 34E4 3958	\$388,572	\$415,799	93.5%	The Commission does not receive any appropriated money for operating expenses; therefore, lobbying fees, late filing penalties and any other generated funds are used by the Commission to pay the operating expenses. The Commission does not begin to receive lobbying fees until midway into the fiscal year. Without retention of these fees from year to year, the Commission would be unable to pay the bulk of its operating expenses from July through December of each year.

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Michael Guffee
Contact Phone Number: Phone # 737-0147
Contact E-mail Address: E-mail mguffee@dew.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2009-10 Actual Revenue
1 R60	SCESC	3035	Operating Revenue	3902	Other reimbursement State Agency		Allow agency to collect and retain revenue for proviving a computer based occupational information system	SC Occupational Information System		Fees paid by schools K thru 12 for user license	\$7,500
2 R60	SCESC	3035	Operating Revenue	4524	DP Services Rev		Same as #1	Same as #1		Same as #1	\$6,720
3 R60	SCESC	3035	Operating Revenue	4829	Training Conf.Reg.fee		Same as #1	Same as #1		Same as #1	
4 R60	SCESC	3035	Operating Revenue	4840	On line Ref. Ser.		Same as #1	Same as #1		Same as #1	
5 R60	SCESC	3035	Operating Revenue	7210	Indirect Cost Remitted to Gen. Fund		Same as #1	Same as #1		Same as #1	(\$459)
6 R60	SCESC	3035	Operating Revenue	7902	Return Checks		Same as #1	Same as #1		Same as #1	(\$707)
7 R60	SCESC	3056	Contracts	2822	Federal Operating Grant		Allow agency to post expenditures & rev for reimbursement of contracts	Employment Service Progs.-Workforce Investment Area contracts		NO Revenue is generated. Reimbursement of contracts ONLY	\$11,456,636
8 R60	SCESC	3056	Contracts	3801	Refund prior year Expenditure		Same as #7	Same as #7		Same as #7	\$1,059,073
9 R60	SCESC	3056	Contracts	3804	Refund prior year Revenue		Same as #7	Same as #7		Same as #7	(\$156,357)
10 R60	SCESC	3056	Contracts	3902	Other reimbursement State Agency		Same as #7	Same as #7		Same as #7	\$728
11 R60	SCESC	3056	Contracts	7210	Indirect Cost Remitted to Gen. Fund		Tracks IDC remitted to General Fund	Same as #7		Same as #7	(\$12,258)
12 R60	SCESC	3056	Contracts	7859	Sale of Mach & Equip (Non)		Same as #7	Same as #7		Same as #7	
13 R60	SCESC	3131	Consortium Contracts	2822	Federal Operating Grant		Allow agency to post expenditures & rev for reimbursement of contracts	Employment Service Progs-Labor Market Information		NO Revenue is generated. Reimbursement of contracts ONLY	\$6,090

Revenue Object Codes

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Name of Agency Contact: Name Michael Guffee
Contact Phone Number: Phone # 737-0147
Contact E-mail Address: E-mail mguffee@dew.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2009-10 Actual Revenue
14 R60	SCESC	3131	Consortium Contracts	3801	Refund prior year Expenditure		Same as #13	Same as #13		Same as #13	\$4,682
15 R60	SCESC	3131	Consortium Contracts	3902	Other reimbursement State Agency		Same as #13	Same as #13		Same as #13	\$45,108
16 R60	SCESC	3131	Consortium Contracts	7201	Misc. Revenue		Same as #13	Same as #13		Same as #13	\$16,210
17 R60	SCESC	32S2	ARRA Contracts	2822	Federal Operating Grant		Allow agency to post expenditures & rev for reimbursement of contracts	Employment Service Progs		NO Revenue is generated. Reimbursement of contracts ONLY	\$5,731,144
18 R60	SCESC	3315	Trade Adjustment Assist.Contracts	2822	Federal Operating Grant		Allow agency to post expenditures & rev for reimbursement of contracts	Employment Service Progs		NO Revenue is generated. Reimbursement of contracts ONLY	\$525,557
19 R60	SCESC	3315	Trade Adjustment Assist.Contracts	3801	Refund prior year Expenditure		Same as #18	Same as #18		Same as #18	(\$18,399)
20 R60	SCESC	3315	Trade Adjustment Assist.Contracts	3804	Refund prior year Revenue		Same as #18	Same as #18		Same as #18	(\$6)
21 R60	SCESC	3315	Trade Adjustment Assist.Contracts	3902	Other reimbursement State Agency		Same as #18	Same as #18		Same as #18	
22 R60	SCESC	3315	Trade Adjustment Assist.Contracts	7210	Indirect Cost Remitted to Gen. Fund		Same as #18	Same as #18		Same as #18	(\$565)
23 R60	SCESC	3320	TAA Allowances	2822	Federal Operating Grant		Allow agency to post expenditures & rev for reimbursement of contracts	Employment Service Progs		NO Revenue is generated. Reimbursement of contracts ONLY	\$4,358,962
24 R60	SCESC	3320	TAA Allowances	3801	Refund prior year Expenditure		Same as #23	Same as #23		Same as #23	\$18,410

Revenue Object Codes

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Name of Agency Contact: Name Michael Guffee
Contact Phone Number: Phone # 737-0147
Contact E-mail Address: E-mail mguffee@dew.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2009-10 Actual Revenue
25 R60	SCESC	3353	Media Services	3801	Refund prior year Expenditure		Allow agency to post expenditures & rev for reimbursement of contracts	Agency Wide		NO Revenue is generated. Reimbursement of contracts ONLY	
26 R60	SCESC	3353	Media Services	3902	Other reimbursement State Agency		Same as #25	Same as #25	Same as #25	Same as #25	
27 R60	SCESC	3611	ESA Contingency Fund	0635	Admin Contingency Assessment	Act 362 Article 5 Sec 41-33-710	Allow agency to collect and retain revenue for the enhancement of agency programs	Administration, Employment Service Progs & Unemployment Insurance Admin	Act 362 Article 5 Sec 41-33-710	Assessments paid by private and public employers	\$8,462,823
28 R60	SCESC	3611	ESA Contingency Fund	2822	Federal Operating Grant	Same as #27	Same as #27	Same as #27	Same as #27	Same as #27	\$30,700
29 R60	SCESC	3611	ESA Contingency Fund	3902	Other reimbursement State Agency	Same as #27	Same as #27	Same as #27	Same as #27	Same as #27	\$1,299
30 R60	SCESC	3611	ESA Contingency Fund	7210	Indirect Cost Remitted to Gen. Fund	Same as #27	Tracks IDC remitted to General Fund	Same as #27	Same as #27	Same as #27	(\$9,026)
31 R60	SCESC	3611	ESA Contingency Fund	7221	Misc Transfer - Other Fund	Same as #27	Same as #27	Same as #27	Same as #27	Same as #27	(\$499,500)
32 R60	SCESC	3611	ESA Contingency Fund	7859	Sale of Mach & Equip (Non)	Same as #27	Same as #27	Same as #27	Same as #27	Same as #27	
33 R60	SCESC	3632	Child Support Intercept	2822	Federal Operating Grant		Allow agency to post expenditures & rev for reimbursement of contracts	Employment Service Progs		NO Revenue is generated. Reimbursement of contracts ONLY	\$4,604
34 R60	SCESC	3750	Parking Fees	4505	Parking Fees		Allow Agency to collect & retain revenues to maintain parking facilities and support agency saftey officers	Agency Wide		Fees paid by SCESC employees	\$55,341
35 R60	SCESC	3750	Parking Fees	7210	Indirect Cost Remitted to Gen. Fund		Tracks IDC remitted to General Fund	Same as #34		Same as #34	(\$64)

Revenue Object Codes

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Name of Agency Contact: Name Michael Guffee
Contact Phone Number: Phone # 737-0147
Contact E-mail Address: E-mail mguffee@dew.sc.gov

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2009-10 Actual Revenue
36 R60	SCESC	3750	Parking Fees	7902	Return Checks		same as #34	same as #34		same as #34	
37 R60	SCESC										

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Sandra Chavis
Contact's Phone Number: 737-9578
Contact's E-mail Address: schavis@sces.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2009-10 Year End Cash Balance	FY 2009-10 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	R60	SCESC	3035	Operating Revenue	2822 3801 3804 4524 4879 4840 7210	\$414,286	\$4,180	9911.1%	South Carolina Occupational Information System(SCOIS) is a computerized system providing up to date occupational,educational,career and job opening information to South Carolinians making career or job decisions.User fee revenues were collected during the school year, September thru May.These revenues have to be budgeted and retained thru the summer months, since there is little or no revenues collected during this time to operate the program.SCOIS is now available to all schools K thru 12 at no cost to them and user fees are no longer withheld and carryforward balances must be retained to offset State Fund cuts and the loss of all federal Grant funding inaccordance with proviso 67.1.
2	R60	SCESC	3056	Contracts	2822 3801 3804 3902 7210	\$1,921,326	\$3,292,617	58.4%	This is a reimbursable flow through account where revenues equal expenditures and the account will be zero.Due to a complex Federal Accounting System,required by the US Dept. of Labor,expenditures have to be reconciled between STARS and FARS.These reconciliations are maybe by Journal Voucher adjustments which will match the proper revenue and expenditures together and result in a zero account balance. Since this is an on going process,this account will always reflect a balance until all JVs have been processed and a final closeout completed.
3	R60	SCESC	3131	Consortium Contracts	2822 3801 3902 7201	\$142,317	\$22,205	640.9%	Same as #2
	R60	SCESC	32S2	ARRA Contracts	2822	\$2,609,487	\$929,452	280.8%	Same as #2
4	R60	SCESC	3315	Trade Adjustment Assistance	2822 3902	\$172,852	\$229,039	75.5%	Same as #2
5	R60	SCESC	3320	TAA Allowances	2822	\$1,202,652	\$4,273,143	28.1%	Same as #2
	R60	SCESC	35S3	ARRA-ESC Step		\$128,786	\$1,166,358	11.0%	
	R60	SCESC	3526	Grants from State Agencies		\$20,134	\$251,236	8.0%	

Agency Subfunds

Cash Balances and Disbursements from CG 404 - FM 13

Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Sandra Chavis
Contact's Phone Number: 737-9578
Contact's E-mail Address: schavis@sces.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2009-10 Year End Cash Balance	FY 2009-10 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
6		SCESC	3353	Media Services	2822 3902	\$0	\$4,611	0.0%	Same as #2
7	R60	SCESC	3611	ESA Contingency Fund	0635 2822 3801 3902 7210	\$6,864,948	\$4,710,254	145.7%	The majority of these revenues are collected May thru June. The June ending balance has to be retained and budgeted in order to operate this program from July thru April. These revenues support approximately 76.81 FTEs and are used to support and enhance the agency's administration of Employment Service (ES) programs and are essential to our Agency's success as they continue to offset significant reduction in federal ES Funding.
8	R60	SCESC	3632	Child Support Intercept Pg	2822	\$28,680	\$145	19779.3%	Same as #2
9	R60	SCESC	3750	Parking Fees	4505 7210	\$30,322	\$37,405	81.1%	These revenues are used to help offset the maintenance of our parking facilities the cost of our security officers.
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Revenue Object Codes

Arrange From Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Sherry Copeland
Contact Phone Number: Phone # 734-0660
Contact E-mail Address: E-mail Sherry.Copeland@prp.sc.gov

	Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	S60	Procurement Review Panel	3035	Operating Revenue	4850	Filing Fee		Allow agency to collect and retain filing fee to be used in following and subsequent fiscal years	Hearings	83.1	Filing fees that are paid by vendors for the Procurement Review Panel to hear their protest	\$2,000
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Sherry Copeland
Contact's Phone Number: 734-0660
Contact's E-mail Address: Sherry.Copeland@prp.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
	0								
1	S60	Procurement Review Panel	3035	Operating Revenue	4850	\$4,169	\$0	0.0%	Because of the reduced general fund appropriation, the agency needs to carry forward all revenue that the agency generates from filing fees.
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed

Contact Phone Number: 737-2875

Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U12	SCDOT	3860	Keep S.C. Beautiful Fund	1644	Motor Vehicle License Fees	Article 40. Keep South Carolina Beautiful License Plates (SC ST SEC 56-3-3950)	Any remaining funds from the sale of "Keep It Beautiful" Motor vehicle license plates after sufficient funds to defray DMV's expenses in producing and administering the plate must be placed in a special "Highway Beautiful Fund" to be used by the DOT for the purposes of enhancing the state's roads and highways.	Funds are used to support the enhancement of the state's roads and highways. These enhancements may include, wildflower plantings, scenic easements, or other highway enhancement projects.	From FY07-08 Appropriations Act: 53.1. The Department of Transportation is hereby authorized to expend all cash balances brought forward from the previous year and all income including all federal funds, unexpended general funds and proceeds from bond sales accruing to the Department of Transportation. 53.2. The Department of Transportation with the approval of the State Treasurer, is hereby authorized to set up with the State Treasurer such special funds out of the Department of Transportation funds as may be deemed advisable for proper accounting purposes.	The biennial fee for the commemorative license plate is fifty-four dollars. Any remaining funds from the sale of "Keep It Beautiful" Motor vehicle license plates after sufficient funds to defray DMV's expenses in producing and administering the plate must be places in a special "Highway Beautiful Fund" to be used by the DOT for the purposes of enhancing the state's roads and highways. This biennial fee is in addition to the regular motor vehicle registration fee set forth in Article 5, Chapter 7 of Title 56. The commemorative plate must be of the same size and general design of regular motor vehicle license plates and must be imprinted with the words " Keep It Beautiful". The plates must be issued or revalidated for a biennial period which expires twenty-four months from the month they are issued.	\$40,967
U12	SCDOT	3860	Keep S.C. Beautiful Fund	5740	Penalties - Forfeitures	Same as Revenue Object 1644	Penalties collected on "Keep It Beautiful" License plates. These revenues are distributed the same as described in Revenue Object 1644.	Same as Revenue Object 1644	Same as Revenue Object 1644	Same as Revenue Object 1644	\$130,704
U12	SCDOT	41S7	ARRA - Stimulus - F/S AGY	2822	Federal Operating Grants	Title 57 - Highways, Bridge and Ferries	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer sepa	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	President Obama signed the American Recovery and Reinvestment Act of 2009 (Recovery Act) into law on February 17, 2009. Projects funded in these programs are multi-year projects with money carried forward until expended. The ARRA funds allocated to the SCDOT equal \$463 million dollars.	\$216,296,539

Revenue Object Codes

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Name of Agency Contact: Tami Reed
Contact Phone Number: 737-2875
Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U12	SCDOT	41S7	ARRA - Stimulus - F/S AGY	2823	Federal Capital Grants	Title 57 - Highways, Bridge and Ferries	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer sepa	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	President Obama signed the American Recovery and Reinvestment Act of 2009 (Recovery Act) into law on February 17, 2009. Projects funded in these programs are multi-year projects with money carried forward until expended. The ARRA funds allocated to the SCDOT equal \$463 million dollars.	\$11,941,947
3 U12	SCDOT	41S7	ARRA - Stimulus - F/S AGY	7221	Misc Transfer- Other Fund	Title 57 - Highways, Bridge and Ferries	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer sepa	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	President Obama signed the American Recovery and Reinvestment Act of 2009 (Recovery Act) into law on February 17, 2009. Projects funded in these programs are multi-year projects with money carried forward until expended. The ARRA funds allocated to the SCDOT equal \$463 million dollars.	(\$24,996,495)

Revenue Object Codes

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Name of Agency Contact: Tami Reed

Contact Phone Number: 737-2875

Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U12	SCDOT	4490	Highways & Public Transportation Fund	301	Gasoline Tax	Section 12-28-2710-2750 the S.C. Code of Laws.	To support the purpose of the Department of Transportation.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Motor fuel fees on gasoline are collected by the Department of Revenue from suppliers at the rate of 16 cent per gallon of fuel. These amounts less those deductions specifically addressed in law are forwarded to the Department of Transportation. SECTION 12-28-2725. Of the ten and thirty-four hundredths cents user fee on gasoline imposed pursuant to this chapter, an amount equal to twenty- five hundredths of a cent on each gallon must be used by the department for mass transit. SECTION 12-28-2730. One percent of the proceeds from thirteen cents of the gasoline user fee imposed pursuant to this chapter must be transmitted to the Department of Natural Resources for a special water recreational resources fund of the State. SECTION 12-28-2740. The proceeds from two and sixty-six one-hundredths cents a gallon of the user fee on gasoline only as levied and provided for in this chapter must be deposited with the State Treasurer and expended for purposes set forth in this section.	\$328,032,930
U12	SCDOT	4490	Highways & Public Transportation Fund	302	Special Fuel Tax	Section 12-28-2750 of the S.C. Code of Laws.	Same as Revenue Object 301.	Same as Revenue Object 301.	Same as Revenue Object 301.	Motor fuel fees on Diesel fuel are collected by the Department of Revenue from suppliers at the rate of 16 cent per gallon of fuel. These amounts are forwarded to the Department of Transportation.	\$110,325,004
U12	SCDOT	4490	Highways & Public Transportation Fund	1644	Motor Vehicle License Fees	Act 176 as it amended Section 56-3-910(B) of the S.C. Code of Laws.	Motor Vehicle Registration Fees collected by the Department of Motor Vehicles (56-3) are to be deposited in the account of SCDOT which forwards a like amount to the S.C. Transportation Infrastructure Bank (U15).	Supports the activity of the SCTIB.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Fees are collected from individuals when they pay Motor Vehicle Registration fees to the SCDMV. Penalties are also included. These fees are collected on all vehicles other than truck fees which already go directly to the SCTIB.	\$0
U12	SCDOT	4490	Highways & Public Transportation Fund	1674	DHPT - Other Permits	Outdoor Advertising Permits are covered under Section 57-25 Article 3 of the S.C. Code of Laws. Vegetation Management is also addressed in 57-23-800.	Outdoor Advertising, Vegetation Management Agreements. It is the intention of the General Assembly in this article to provide a statutory basis for regulation of outdoor advertising consistent with the public policy relating to areas adjacent to interstate and federal-aid primary systems declared by Congress in Title 23, United States Code, "Highways".	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Permits are issued to erect or maintain existing outdoor advertising signs through out the state in accordance with Section 57-25 of the S.C. Code of Laws. Agreements are also entered into to remove vegetation around signs. The fines issued to noncompliant companies also comes to the SCDOT.	\$2,100,612

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
8	U12	SCDOT	4490	Highways & Public Transportation Fund	1679	Misc. Vehicle Permits	Sections 57-3-130 thru 190. Section 53 of the FY07-08 Appropriation Act. The Department of Transportation, in its discretion upon application in writing and good cause being shown that it is in the public interest, may issue special permits authorizing the applicants to operate or move vehicles or combinations of vehicles of a size and weight of vehicle or load exceeding the maximum specified in Article 33, Chapter 5 of Title 56 or otherwise not in conformity with the article upon a state highway.	Section 57-3-130 states: fees collected pursuant to this section must be placed in the state highway fund and used for defraying the cost of issuing and administering the permits and for other highway purposes. (A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Special permit to operate or move vehicle exceeding maximum size, weight or load or otherwise not in conformity with requirements; fee; discretion in issuing; conditions; security; annual permit; limited applicability of Title 1, Chapter 23. Owners or operators may purchase one time permits or in some cases (mobile home transporters, etc.) open ended permits.	\$1,143,071
9	U12	SCDOT	4490	Highways & Public Transportation Fund	2601	Fees and Receipts-Municipal	57-1-30 The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods. The SCDOT contracts with Municipalities to build and maintain road and bridges and/or administer projects for them. This revenue object is used to record payments from municipalities.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Payments are made to the SCDOT for services provided for municipalities by the Department.	(\$289,390)

Revenue Object Codes

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U12	SCDOT	4490	Highways & Public Transportation Fund	2602	Fees and Receipts-Counties	57-1-30 The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	The SCDOT contracts with counties to build and maintain road and bridges and/or administer projects for them. This revenue object is used to record payments from counties.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Payments are made to the SCDOT for services provided for counties by the Department.	\$6,794,472
U12	SCDOT	4490	Highways & Public Transportation Fund	2605	Fees and Receipts-Other	57-1-30 The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	The SCDOT contracts with other entities to build and maintain road and bridges and/or administer projects for them. This revenue object is used to record payments from other entities.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Payments are made to the SCDOT for services provided for other entities by the Department.	\$182,763

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12 U12	SCDOT	4490	Highways & Public Transportation Fund	2822	Federal Operating Grants	57-1-30 The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods. 57-1-50, 57-1-60, and 57-1-70.	Record the reimbursement of expenditures from Federal Highway Administration for construction, maintenance and safety projects.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	The Federal Highway Administration transfers funds to the Department upon approval of bill submitted for eligible project costs.	\$467,849,282
13 U12	SCDOT	4490	Highways & Public Transportation Fund	2823	Federal Capital Grants	57-1-30 The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods. 57-1-50, 57-1-60, and 57-1-70.	Record the reimbursement of expenditures from Federal Transportation Administration for Mass Transit project costs.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	The Federal Transportation Administration transfers funds to the Department upon approval of bill submitted for eligible project costs.	\$4,507,204

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14	U12	SCDOT	4490	Highways & Public Transportation Fund	3801	Refund Prior Year Expenditure	Title 57 - Highways, Bridge and Ferries	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Refund of prior year expenditures.	\$2,420,514
15	U12	SCDOT	4490	Highways & Public Transportation Fund	4505	Parking Fee	Section 10-1-200. Section 8-11-99.	To cover the costs of maintenance and repairs to parking garage.	To cover the costs of maintenance and repairs to parking garage.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Payroll Deduction from employees.	\$91,955
16	U12	SCDOT	4490	Highways & Public Transportation Fund	6601	Investment Earnings	SECTION 57-11-20.	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Deposited by State Treasurer's office to the appropriate account.	\$3,509,795

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17	U12	SCDOT	4490	Highways & Public Transportation Fund	7201	Misc Revenue	Title 57 - Highways, Bridge and Ferries All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Miscellaneous receipts that can not be identified to another revenue code. Examples: replacement ID badge charges @ \$5.00 each; rebate checks from companies for purchases; refunds from utility companies, etc; change collected from bathroom vending machines. Also used for refunds that do not fit in any other category.	\$426,149
18	U12	SCDOT	4490	Highways & Public Transportation Fund	7221	Misc Transfer-Other Fund	Title 57 - Highways, Bridge and Ferries All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Transfers between agencies which are infrequent or can not be identified as any other revenue.	\$30,409,362

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U12	SCDOT	4490	Highways & Public Transportation Fund	7260	Transfer from Infrastructure Bank	Title 57 - Highways, Bridge and Ferries	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Transfer from U15 SC Transportation Infrastructure Bank. Payments on agreement between the two agencies and loan amounts from SIB to SCDOT.	\$2,317,343
U12	SCDOT	4490	Highways & Public Transportation Fund	7266	Transfer Rev-fees/Debt Service	Title 57 - Highways, Bridge and Ferries	All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Transfer to Debt Service accounts for payment of State and federal debt service on outstanding bond issues,	(\$57,374,783)

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21	U12	SCDOT	4490	Highways & Public Transportation Fund	7403	Rent - State Owned Property	Title 57 - Highways, Bridge and Ferries All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Rent collected on property owned by the SCDOT. Examples would include leasing rights of way to businesses, etc.	\$201,987
22	U12	SCDOT	4490	Highways & Public Transportation Fund	7702	Insurance Claims	Title 57 - Highways, Bridge and Ferries All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Insurance proceeds from damage claims against department property (i.e. guardrail and cable barrier damage).	\$1,710,279

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23	U12	SCDOT	4490	Highways & Public Transportation Fund	7802	Sale of Goods	Title 57 - Highways, Bridge and Ferries All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Sale of goods includes sale of signs, traffic lights, plans, maps, etc.	\$3,819,032
24	U12	SCDOT	4490	Highways & Public Transportation Fund	7803	Sale of Services	Title 57 - Highways, Bridge and Ferries All state revenues and state monies dedicated by statute to the operation of the department must be deposited into either the "State Highway Fund" or the "State Non-Federal Aid Highway Fund". Both funds must be held and managed by the State Treasurer separate and distinct from the general fund, except as to monies utilized by the State Treasurer for the payment of principal or interest on state highway bonds as provided by law.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Sale of services to other entities. Includes charges for engineering, construction, and maintenance services provided by SCDOT personnel. Also includes reimbursement for services paid by the SCDOT for shared facilities.	\$11,320,955

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25 U12	SCDOT	4490	Highways & Public Transportation Fund	7851	Sale of Land	Section 57-5-340 Sale or disposition of real estate	Record revenues from the sale of land	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Sale of land owned by the SCDOT. This includes land purchased as right of way then later as excess.	\$992,983
U12	SCDOT	4490	Highways & Public Transportation Fund	7852	Sale of Buildings (Capitalized)	Section 57-1-370	Proceeds from the sale of buildings.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Buildings sold to the public are recorded in this account.	\$148,647

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed

Contact Phone Number: 737-2875

Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
26 U12	SCDOT	4490	Highways & Public Transportation Fund	7853	Sale of Vehicles	Section 57-1-370	Record the sale of vehicles - trucks, autos, trailers.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Equipment is sold to the public and revenues are recorded in this account.	\$726,125
U12	SCDOT	4490	Highways & Public Transportation Fund	7859	Sale of Machinery & Equipment	Section 57-1-370	Proceeds from the sale of machinery & equipment.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Equipment is sold to the public and revenues are recorded in this account.	\$463,873

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
28	U12	SCDOT	4490	Highways & Public Transportation Fund	7860	Sale of Equipment	Section 57-1-370	Record the sale of non-expendable equipment (Road equipment, tractors, motor graders, etc)	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Equipment is sold to the public and revenues are recorded in this account.	\$0
29	U12	SCDOT	4490	Highways & Public Transportation Fund	7861	Sale of Other Non-Capital	Section 57-1-370	Record the sale of surplus equipment.	(A) The department shall have as its functions and purposes the systematic planning, construction, maintenance, and operation of the state highway system and the development of a statewide mass transit system that is consistent with the needs and desires of the public. (B) The department shall coordinate all state and federal programs relating to highways among all departments, agencies, and other bodies politic and legally constituted agencies of this State and the performance of such other duties and matters as may be delegated to it pursuant to law. The goal of the department is to provide adequate, safe, and efficient transportation services for the movement of people and goods.	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Surplus property is sent to State Surplus to be sold. Any revenue returned goes into this category.	\$269,490
30	U12	SCDOT	47D7	Cross Island Toll	1728	Toll Road Fee	Section 57-5-1330	Collection of revenues from Cross Island Parkway in Hilton Head, SC.	Cross Island Parkway	Section 53 of the FY07-08 Appropriation Act and Section 68A of the FY08-09 & FY09-10 Appropriation Acts.	Revenues are collected at Toll facility in Hilton Head. People pay the toll directly at the toll booths or by purchasing a transponder. Section 57-5-1495 also specifies fines for toll violations which are submitted to the SCDOT.	\$7,146,756

Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Tami Reed
Contact's Phone Number: 737-2875
Contact's E-mail Address: Reedtb@scdot.org

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
2	U12	SCDOT	3102	SCDOT General Conference	7604	\$0	\$0	#DIV/0!	Funds are dedicated to use for conferences put on by the SCDOT. Funds are donated for that specific purpose and used only for that purpose.
3	U12	SCDOT	3218	Adopt-A-Highway	7604	\$2,295	\$0	#DIV/0!	Funds are dedicated to use for expenses of the Adopt-A-Highway Program sponsored by the SCDOT. Funds are donated for that specific purpose and used only for that purpose.
4	U12	SCDOT	3387	Winter Conference	7604	\$18,552	\$1,367	1357.1%	Funds are dedicated to use for the Winter Conference put on by the SCDOT. Funds are donated for that specific purpose and used only for that purpose.
5	U12	SCDOT	3860	Keep S.C. Beautiful Fund	1644 5740	\$720,434	\$0	#DIV/0!	Established by Article 40 of Section 56-3-3950 "Keep It Beautiful" License Plates to establish a special fund used by the Department of Transportation for the purposes of enhancing the state's roads and highways.
6	U12	SCDOT	41S7	ARRA - Stimulus - F/S Agy	2822 7221	(\$4,271,407)	\$188,996,110	-2.3%	President Obama signed the American Recovery and Reinvestment Act of 2009 (Recovery Act) into law on February 17, 2009. Projects funded in these programs are multi-year projects with money carried forward until expended. The ARRA funds allocated to the SCDOT equal \$463 million dollars.
7	U12	SCDOT	4490	Highways & Public Transportation Fund	0301 0302 1644 1674 1679 1728 2601 2602 2605 2805 2822 2823 3801 3804 4505 6507 6601 7201 7221 7234 7259 7260 7266 7403 7702 7802 7803 7815 7851 7852 7853 7854 7855 7857 7859 7860 7861	\$12,077,667	\$933,669,857	1.3%	Funds in this SCDOT subfund are used to operate the Department of Transportation Construction, Maintenance, Intermodal and Freight, and Administration programs. Projects funded in these programs are multi-year projects with volatile payout schedules. Weather conditions as well as economic conditions effect the amount required to be expended in any given month. Construction especially can vary from a few million in expenditures in a month to as much as \$100 million. The SCDOT must also pay expenditures on projects before requesting federal reimbursement which made up \$472 million of the \$922 in revenues or 51% for FY11.

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

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	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
8	U12	SCDOT	47D7	Cross Island Toll	1728 4850 6601 7201 7266	\$6,593,271	\$3,022,112	218.2%	Disbursements in this fund are underestimated. In addition to the expenditures there were also debt service payments of \$3.9 million dollars which were show as a reduction of revenue. A portion of the cash balance is due to the 4490 subfund to reimburse prior years debt service payments made from that subfund.
9	U12	SCDOT	4862	Non-Federal Aid Highway Fund	0301 0310 0505 1644 2605 5740 6601 7803	\$2,566,817	\$39,298,842	6.5%	Act 176 established this subfund for Maintenance on state roads. As with other projects within the Department maintenance projects are multi-year projects.
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U15	SC Transportation Infrastructure Bank	4633	State Highway Account	505	Electric Power Tax	Section 12-28 2915	Beginning in fiscal year 2007-2008, all taxes collected pursuant to Article 1, Chapter 23, Title 12 in excess of twenty million dollars must be credited to the Department of Transportation which shall: (1) annually distribute fifty percent of the excess to the State Non-Federal Aid Highway Fund; and (2) make an annual contribution from nonstate tax sources in an amount equivalent to fifty percent of the excess to the State Highway Account of the South Carolina State Transportation Infrastructure Bank.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function.	Section 11-43 South Carolina Infrastructure Bank Act	Section 12-23-10:(1) every person, except the State, a county, a municipality, or an agency or political subdivision of it, engaged in the business of selling electric power for resale within the State is subject to the payment of an excise, license, or privilege tax of five-tenths of one mill upon each kilowatt hour of electric power sold for resale within the State, except upon such electric power purchased from a vendor, however remote, previously taxed under this subsection. Sales for resale of an electric cooperative to a customer whose sales are taxed under subsection (2) must not be taxed under this subsection; and (2) except a municipality, every public utility and electric cooperative engaged in the business of selling electric power within the State to the ultimate user of the power is subject to the payment of an excise, license, or privilege tax of five-tenths of one mill upon each kilowatt hour sold within the State to the ultimate user, except such electric power purchased from vendors, however remote, taxed under subsection (1)	\$4,197,737
U15	SC Transportation Infrastructure Bank	4633	State Highway Account	1644	Motor Vehicle License	Section 11-43-160 and 56-3-910(B)	To provide capital for the Bank.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function.	Section 11-43 South Carolina Infrastructure Bank Act	All Truck and Vehicle registration fees charged by DMV must be deposited with the SC Infrastructure bank either directly according to the provisions of Section 56-3-910(A) or indirectly through the SC Dept of Transportation according to the provisions of Section 56-3-910(B).	\$97,994,681

Revenue Object Codes

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3	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	2602	Fees & Receipts - Counties	Section 11-43-150 and 160	Revenues collected from the counties for reimbursement of loans and payments on projects.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function.	Section 11-43 South Carolina Infrastructure Bank Act	\$52,221,322
4	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	2604	Fees & Receipts - State	Section 11-43-150 and 160	Revenues collected from state agencies for reimbursement of loans and payments on projects.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function.	Section 11-43 South Carolina Infrastructure Bank Act	\$48,612,680

Revenue Object Codes

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5	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	2605	Fees & Receipts - Other	Section 11-43-150 and 160	Revenues collected from Other Entities for reimbursement of loans and payments on projects.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function.	Section 11-43 South Carolina Infrastructure Bank Act	Payment from SCE&G towards Lexington project.	\$5,900,000
6	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	3801	Refund Prior Yr Expenditures	Section 11-43-150 and 160	Accounting entries.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function.	Section 11-43 South Carolina Infrastructure Bank Act	Reimbursement for expenditures of the Bank from prior year.	\$282,325

Revenue Object Codes

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7	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	6520	Loan Interest Received	Section 11-43-150 and 160	Record interest on loan to the Dept of Transportation	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Payment from SCDOT on Loan for US 17 project.	\$3,763,559

Revenue Object Codes

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8	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	6601	Investment Earnings	Section 11-43-150 and 160	Record interest on money in State Highway Account	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Interest earned on accounts on deposit through the State Treasurer's Office.	\$461,283

Revenue Object Codes

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9 U15	SC Transportation Infrastructure Bank	4633	State Highway Account	6720	Loan Principal Repayment	Section 11-43-150 and 160	Record principal payments on loan to the Dept of Transportation	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Payment from SCDOT on Loan for US 17 project.	\$1,775,855

Revenue Object Codes

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10	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	7201	Misc Revenue	Section 11-43-150 and 160	Record revenues from various sources not otherwise identified.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Payments from various sources not otherwise identified.	\$1,057,750

Revenue Object Codes

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11	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	7221	Misc Transfer - Other Funds	Section 11-43-150 and 160	Transfer to and from funds not otherwise specified.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	\$4,979,748

Revenue Object Codes

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
12 U15	SC Transportation Infrastructure Bank	4633	State Highway Account	7258	Transfer from Dept of Transportation	Section 11-43-150 and 160	Payment from SCDOT loans transferred to Pledged Revenue Account	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Payments from SCDOT on various projects transferred to Pledged revenue account.	\$47,612,680

Revenue Object Codes

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13	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	7260	Transfer From State Infrastructure Bank	Section 11-43-150 and 160	Loan transfer to the SC Department of Transportation	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Loan for US 17 project transferred to the SCDOT.	\$0

Revenue Object Codes

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Name of Agency Contact: Tami Reed
Contact Phone Number: 737-2875
Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
14	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	7271	Transfer Motor Vehicle Lic/Reg Fee	Section 11-43-150 and 160	Transfer Vehicle License fees to Pledged revenue.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Section 11-43 South Carolina Infrastructure Bank Act	Vehicle License fees transferred.	\$115,936,096

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed
Contact Phone Number: 737-2875
Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
15	U15	SC Transportation Infrastructure Bank	4633	State Highway Account	7272	Transfer fees/Rec - Counties	Section 11-43-150 and 160	Transfer revenues from counties to Pledged revenue.	Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43-120: The corporate purpose of the bank is to select and assist in financing major qualified projects by providing loans and other financial assistance to government units and private entities for constructing and improving highway and transportation facilities necessary for public purposes including economic development. The exercise by the bank of a power conferred in this chapter is an essential public function. Section 11-43 South Carolina Infrastructure Bank Act	Revenues collected from counties transferred to pledged revenue.	(\$26,500,000)
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Tami Reed
Contact's Phone Number: 737-2875
Contact's E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.		
1	U15		SC Transportation Infrastructure Bank	4633	State Revenue Funds	0505, 1644, 2602, 2604, 2605, 3801, 6507, 6520, 6601, 6720, 7201, 7221, 7258, 7260, 7271, 7272, 7403	\$7,919,699	\$28,063,754	28.2%	In addition to payments needed to be made to contractors for large construction projects, revenues to the SC Infrastructure Bank are pledged against Revenue bonds issued by the Bank. SECTION 11-43-320. Pledges of revenue or funds to bond payment; bonds secured by pledge. [SC ST SEC 11-43-320] The bank may pledge any of its revenue or funds to the payment of its bonds, subject only to any prior agreements with the holders of particular bonds which may have pledged specific money or revenue. Bonds may be secured by a pledge of any loan obligation owned by the bank, any grant, contribution, or guaranty from the United States, the State, or any corporation, association, institution, or person, any other property or assets of the bank, or a pledge of any money, income, or revenue of the bank from any source.
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed
Contact Phone Number: 737-2875
Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U20	County Transportation Funds	4936	County Transportation Program Fund	301	Gasoline Tax	Section 12-28-2740 Distribution of gasoline user fee among counties; requirements for expenditure of funds; county transportation committees	Section 12-28-2740 (A) The proceeds from two and sixty-six one-hundredths cents a gallon of the user fee on gasoline only as levied and provided for in this chapter must be deposited with the State Treasurer and expended for purposes set forth in this section.	The funds expended must be approved by and used in furtherance of a countywide transportation plan adopted by a county transportation committee. The county transportation committee must be appointed by the county legislative delegation and must be made up of fair representation from municipalities and unincorporated areas of the county. County transportation committees may join in approving a regional transportation plan, and the funds must be used in furtherance of the regional transportation plan.	Section 12-24-2740	The monies must be apportioned among the counties of the State in the following manner: (1) one-third distributed in the ratio which the land area of the county bears to the total land area of the State; (2) one-third distributed in the ratio which the population of the county bears to the total population of the State as shown by the latest official decennial census; 3) one-third distributed in the ratio which the mileage of all rural roads in the county bears to the total rural road mileage in the State as shown by the latest official records of the Department of Transportation. The Department of Revenue shall collect the information required pursuant to Section 12-28-1390 regarding the number of gallons sold in each county for use in making allocations of donor funds as provided in subsection (H). The Department of Revenue shall submit the percentage of the total represented by each county to the Department of Transportation and to each county transportation committee annually by May first of the following calendar year. Upon request of a county transportation committee, the Department of Transportation shall continue to administer the funds allocated to the county.	\$68,093,212

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
2	U20						All interest earnings on the County Transportation Fund in the State Treasury must be added to the distribution to counties under this section in proportion to each county's portion of the entire County Transportation Fund. Except for those funds being used in connection with highway projects administered by the Department of Transportation on behalf of counties administering their own "C" funds, these distributions of earnings and the calculation required to determine the appropriate amount shall not include those counties administering their own "C" funds.	The funds expended must be approved by and used in furtherance of a countywide transportation plan adopted by a county transportation committee. The county transportation committee must be appointed by the county legislative delegation and must be made up of fair representation from municipalities and unincorporated areas of the county. County transportation committees may join in approving a regional transportation plan, and the funds must be used in furtherance of the regional transportation plan.			
	County Transportation Funds	4936	County Transportation Program Fund	6601	Investment Earnings	Section 12-28-2740 Distribution of gasoline user fee among counties; requirements for expenditure of funds; county transportation committees			Section 12-24-2740	Interest distributed by the State Treasurer.	\$2,786,810

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed
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Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U20	County Transportation Funds	4936	County Transportation Program Fund	7201	Misc Revenue	Section 12-28-2740 Distribution of gasoline user fee among counties; requirements for expenditure of funds; county transportation committees	Revenue collected from various entities for participation in project costs on projects administered by the SCDOT.	The funds expended must be approved by and used in furtherance of a countywide transportation plan adopted by a county transportation committee. The county transportation committee must be appointed by the county legislative delegation and must be made up of fair representation from municipalities and unincorporated areas of the county. County transportation committees may join in approving a regional transportation plan, and the funds must be used in furtherance of the regional transportation plan.	Section 12-24-2740	Payments made to the SCDOT for "C" projects are deposited in this account	\$809,501

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed
Contact Phone Number: 737-2875
Contact E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
U20	County Transportation Funds	4936	County Transportation Program Fund	2602	Fees & Receipts - Counties	Section 12-28-2740 Distribution of gasoline user fee among counties; requirements for expenditure of funds; county transportation committees	Revenue collected from counties for participation in project costs on projects administered by the SCDOT.	The funds expended must be approved by and used in furtherance of a countywide transportation plan adopted by a county transportation committee. The county transportation committee must be appointed by the county legislative delegation and must be made up of fair representation from municipalities and unincorporated areas of the county. County transportation committees may join in approving a regional transportation plan, and the funds must be used in furtherance of the regional transportation plan.	Section 12-24-2740	Payments made to the SCDOT for "C" projects are deposited in this account	\$10,959,792

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Tami Reed
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Agency Code	Agency Name (acronym)	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue	
4	U20	County Transportation Funds	4936	County Transportation Program Fund	7221	Misc Transfer - Other Fund	Section 12-28-2740 Distribution of gasoline user fee among counties; requirements for expenditure of funds; county transportation committees	Transfers from other funds. \$9.5 Million is from SCDOT for donor bonus.	The funds expended must be approved by and used in furtherance of a countywide transportation plan adopted by a county transportation committee. The county transportation committee must be appointed by the county legislative delegation and must be made up of fair representation from municipalities and unincorporated areas of the county. County transportation committees may join in approving a regional transportation plan, and the funds must be used in furtherance of the regional transportation plan.	Section 12-24-2740	(H) For purposes of this subsection, "donor county" means a county that contributes to the "C" fund an amount in excess of what it receives under the allocation formula as stated in subsection (A). In addition to the allocation to the counties pursuant to subsection (A), the Department of Transportation annually shall transfer from the state highway fund to the donor counties an amount equal to nine and one-half million dollars in the ratio of the individual donor county's contribution in excess of "C" fund revenue allocated to the county under subsection (A) to the total excess contributions of all donor counties.	(\$57,204)
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Agency Subfunds
Cash Balances and Disbursements
Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Tami Reed
Contact's Phone Number: 737-2875
Contact's E-mail Address: Reedtb@scdot.org

Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.	
1	U20	County Transportation Funds	4936	County Transportation Program Fund	0301, 2602, 3801, 6601, 7201, 7221	\$106,829,020	\$78,024,550	136.9%	The funds in this account belong to the individual counties within the state. These funds are being used in connection with highway projects administered by the Department of Transportation on behalf of counties administering their own "C" funds. The counties administering their own funds are allocated their portion when it becomes available. Section 12-28-2740 states: All unexpended "C" funds allocated to a county remain in the account allocated to the county for the succeeding fiscal year and must be expended as provided in this section.
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Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Paul Werts
Contact Phone Number: Phone # 803-896-6262
Contact E-mail Address: E-mail Pwerts@ aeronautics.sc.gov

	Office	Name	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
1	U30	Aeronautics Division	3035	Operating Revenue	7201	Misc Revenue	2011 Act 73, Part IB, 68D.1	To offset the cost of providing services to other governmental agencies	Aeronautics Flight & Airport Development	2011 Act 73, Part IB, 68D.1	Charges to other state agencies for services not classified elsewhere.	700.00
2	U30	Aeronautics Division	3035	Operating Revenue	7221	Miscellaneous Transfer-Other Funds	SC Code Section 11-35-3820, 23 SC Code Regs 19-445.2150 B, and SC Code Section 55-5-290 2011 Act 73, Part IB, 68D.7, 68D.8	To offset the cost of providing services to other governmental agencies	Aeronautics Flight Operations and Airport Development	2011 Act 73, Part IB, 68D.7, 68D.8	Funds (\$50,000) were transferred from subfund 3958 (Sale of Assets). Remaining amount (\$468,583.79) represents transfers from the State Aviation Fund (3166) for labor and operating costs associated with matching Federal Aviation Administration grant funds and maintenance projects at general aviation airports.	518,583.79
3	U30	Aeronautics Division	3035	Operating Revenue	7403	Rent State Owned Property	2011 Act 73, Part IB, 68D.1, 68D.2 & 68D.4 & SC Code Section 55-5-290	To offset the cost of providing services to other governmental agencies	Aeronautics Airport Development	2011 Act 73, Part IB, 68D.1, 68D.2 and 68D.4	Charges to other state agencies for rental of office and airport hangar space. Rate is \$16.67 per square foot for office space. For hangar space, charge ranges from \$3,000 to \$3,900 for year or \$500 a month on month-to-month rental.	65,912.00
4	U30	Aeronautics Division	3035	Operating Revenue	7406	Rent Aircraft	2011 Act 73, Part IB, 68D.1 & SC Code Section 55-5-290	To offset the cost of providing services to other governmental agencies	Aeronautics Flight Operations	2011 Act 73, Part IB, 68D.1	Charges for transportation via Division aircraft. \$1,100 per hour for King Air 350.	30,927.68
5	U30	Aeronautics Division	3035	Operating Revenue	7803	Sale of Services	2011 Act 73, Part IB, 68D.1 & SC Code Section 55-5-290	To offset the cost of providing services to other governmental agencies	Aeronautics Flight Operations	2011 Act 73, Part IB, 68D.1	Charges for service to other governmental entities which includes maintenance on state-owned airplanes. Rate for maintenance of other agencies aircraft is \$55/hour for labor plus reimbursement for parts.	66,851.23
6	U30	Aeronautics Division	3035	Operating Revenue	7821	Sale of Gasoline Aircraft Fuel Reserve	2011 Act 73, Part IB, 68D.1 & SC Code Section 55-5-290	To offset the cost of providing services to other governmental agencies	Aeronautics Flight Operations	2011 Act 73, Part IB, 68D.1	Charges to other state agencies for aviation fuel.	0.00
7	U30	Aeronautics Division	3166	State Aviation Fund	0202	Sales and Use Tax	SC Code Section 55-5-280	To provide grants to local airports for maintenance and capital needs and to be used as match for FAA funds	Aeronautics Airport Development	2011 Act 73, Part IB, 68.D6 & 68D.8	Tax proceeds distributed to Aeronautics Division from the Department of Revenue per SC Code 55-5-280. Tax is imposed on fuel purchased for aircraft used for pleasure at rate of 6% of retail sales prices. Division receives 6%.	2,568,816.74

Revenue Object Codes

Arrange in same order as CG 406 - Lowest to Highest Numbered Revenue Object Code within Lowest to Highest Subfund by Number

Name of Agency Contact: Name Paul Werts
Contact Phone Number: Phone # 803-896-6262
Contact E-mail Address: E-mail Pwerts@aeronautics.sc.gov

	Office	Name	Subfund Number	Subfund Title	Revenue Object Code	Revenue Object Code Title	Enabling Statute or Proviso	Purpose of Subfund / Revenue Object	Program or Activity Supported by Revenue	Carry Forward Authority (Statute or Proviso)	Detail of How Revenue is Generated. Fees, Fines, Assessments, Charges, etc. amount(s). Identify who pays the fee, fine, charge, etc.	FY 2010-11 Actual Revenue
8	U30	Aeronautics Division	3166	State Aviation Fund	7221	Miscellaneous Transfer-Other Funds	SC Code Section 55-5-280	To provide grants to local airports for maintenance and capital needs and to be used as match for FAA funds	Aeronautics Airport Development	2011 Act 73, Part IB, 68.D6 & 68D.8	Revenue used to record the beginning cash balance transferred from Dept. of Commerce to the Aeronautics Division in accordance with 2009 Act 23, Part IB, 89.127. Also records transfers out to fund 3035 for operating costs associated with matching Federal Aviation Administration grant funds and maintenance projects at general aviation airports.	(468,583.79)
9	U30	Aeronautics Division	3526	Grants from State Agencies	7201	Misc Revenue	SC Code Section 55-55-290	To offset the cost of providing services to other governmental Agencies	Aeronautics Airport Development	2011 Act 73, Part IB, 68D.1	Charges to other state agencies for services not classified elsewhere.	2.88
10	U30	Aeronautics Division	3526	Grants from State Agencies	7221	Miscellaneous Transfer-Other Funds	SC Code Section 55-55-290	To offset the cost of providing services to other governmental Agencies	Aeronautics Airport Development	2011 Act 73, Part IB, 68D.1	Beginning cash balance transferred from Dept. of Commerce to the Aeronautics Division in accordance with 2009 Act 23, Part IB, 89.127.	0.00

Agency Subfunds
 Cash Balances and Disbursements
 Arrange from Lowest to Highest - by Subfund Number

Name of Agency Contact: Paul Werts
Contact's Phone Number: 803-896-6262
Contact's E-mail Address: PWerts@aeronautics.sc.gov

	Agency Code	Agency Name (or acronym)	Subfund Number	Subfund Title	Revenue Object Codes within Subfund	FY 2010-11 Year End Cash Balance	FY 2010-11 Total Disbursements from Subfund	Cash Balance as a % of Disbursements	Describe in detail why the agency needs to carry forward a balance greater than one-sixth (16.5% = 60 Days) of the funds identified as total disbursements for the prior fiscal year.
1	U30	Aeronautics Division	3035	Operating Revenue	7201, 7221, 7403, 7406, 7802, 7803	\$147,521	\$671,287	22.0%	The FY11 ending balance consists primarily of cash transferred from non-recurring sources to enable Aeronautics to meet payroll and recurring operating expenses during FY11. As a result of budget reductions, operating expenses are projected to exceed recurring operating revenue by approximately \$700K in FY2012. Aeronautics must rely on cash balances as well as a projected transfer of approximately \$500K from the State Aviation Fund to continue operating in FY2012.
2	U30	Aeronautics Division	3166	State Aviation Fund	0202, 3801, 7201, 7221	\$3,782,842	\$1,792,494	211.0%	Funds used for airport development and maintenance grants. Funds used to leverage federal capital improvement airport grants at 95%. Airfield maintenance projects awarded at 75%, for such projects as vegetation control, pavement maintenance, and airfield marking. Grants awarded throughout the year and may not be expended as of year end. Many grants involve construction contracts which take several months and cross several fiscal years before financially closed out. As of June 30, 2011, \$584,224 was committed and not disbursed. Thirty two capital improvement projects are open and nine maintenance projects are open. Funds also include \$300,000 for operating 28 weather reporting stations, providing weather forecasting to pilots. Aerial photography and aviation surveying, a safety mission critical component for providing satellite navigation systems are 100% funded with a budget of \$250,000.
3	U30	Aeronautics Division	3526	Grants from State Agencies	3801, 4001, 7201, 7803	\$35,405	\$0	#DIV/0!	Funds are payment and reimbursement pursuant to contract for airport inspection and data collection performed for FAA. Funds will be used to reduce general fund reductions and in support of airport development services.
4	U30	Aeronautics Division	3958	Sale of Assets	7221, 7859	\$147,828	\$63,684	232.1%	Nearly all of funds are from sale of airplane and will be exhausted or nearly exhausted by FYE 2012 covering aircraft and operating expenses. Cash balance was less than \$100K through the end of December, 2011.